

Case Number:	CM14-0129008		
Date Assigned:	08/18/2014	Date of Injury:	05/05/2003
Decision Date:	09/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records, presented for review, indicate that this 76-year-old individual (October 9, 1938) was reportedly injured on May 5, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 18, 2014, indicated that there were ongoing complaints of neck and low back pains with left upper extremity involvement. It was reported there was some improvement with the medications and compounding creams. It was noted the injured worker was unable to raise his left arm overhead and continued to have insomnia. The physical examination demonstrated tenderness to palpation in the cervical and lumbar regions of the spine, a decreased range of motion of the lumbar and cervical regions of the spine, and a positive Spurling's test and a positive straight leg raising. Diagnostic imaging studies were not reviewed. Previous treatment included topical preparations and oral medications. A request had been made for multiple medications and was not certified in the pre-authorization process on July 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Doral 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Doral (Quazepam) is a Benzodiazepine sleep hypnotic. Sleep disturbance is noted in the records submitted for review. However, this medication is not indicated for long term or daily use (chronic or indefinite) due to problems with addiction and tolerance. The progress notes, presented for review, do not outline how this medication has demonstrated any efficacy or utility in terms of the noted insomnia. Therefore, based on lack of clinical data, and by the parameters outlined in the MTUS, this medication is not medically necessary.

Fioricet 50/325/40 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: As noted in the MTUS, this is a barbiturate containing medication and is not recommended for chronic use. The potential for drug dependence is high considering the age of the injured employee and by the lack of any documented improvement in the progress notes reviewed. There is insufficient clinical data to support the medical necessity of this medication.

Norco 10/325mg#240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain, increased functionality or decreased symptomatology as a result of this medication. As such, this request for Norco is not medically necessary.