

Case Number:	CM14-0150762		
Date Assigned:	09/19/2014	Date of Injury:	09/26/2005
Decision Date:	10/28/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a patient with a date of injury of 9/26/05. A utilization review determination dated 8/19/14 recommends non-certification of Fioricet. Re-evaluation was modified to specify a recommendation for one office visit. It referenced a 7/23/14 medical report identifying headaches an average of six days per week, lasting from 2 hours to 4 days. They are typically right posterior in location and relieved temporarily with the use of Fioricet. There is greater headache relief with Norco. On exam, there was tenderness of the cervical paraspinal muscles and pain with ROM. Recommendations include refill Fioricet, Pantoprazole, Alprazolam, and Quazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLORICET #60 X 3REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 of 127.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic

pain. They go on to state that the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Within the documentation available for review, it is noted that the patient gets better relief from headaches with the use of other pain medication and there is no clear rationale for ongoing use despite the CA MTUS recommendations against long-term use. In light of the above issues, the currently requested Fioricet is not medically necessary.

RE-EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: Regarding the request for re-evaluation, CA MTUS does not specifically address the issue. ODG states that office visits play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Within the documentation available for review, there is indication that the patient is under treatment including medication management, which requires routine monitoring. The prior utilization review modified the request to a single office visit. A single visit is appropriate and there is no provision for modification of the current; however, the request as written does not appear to represent more than a single visit. In light of the above, the currently requested re-evaluation is medically necessary.