

Case Number:	CM14-0154146		
Date Assigned:	09/23/2014	Date of Injury:	06/20/2010
Decision Date:	11/19/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 20, 2010. Thus far, the applicant has been treated with the following: analgesic medications; opioid therapy; earlier lumbar spine surgery; topical compounds; dietary supplements; sleep aid; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 8, 2014, the claims administrator failed to approve request for Fioricet, Norco, and Cyclobenzaprine. The applicant's attorney subsequently appealed. In an August 4, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the lower extremities, reportedly severe, 8/10. Diminished range of motion was noted. The applicant was given refills of several dietary supplements and medical foods, including Terocin, Methoderm, Xolindo, Theramine, Trepadone, Sentra AM, Sentra PM, GABAdone. The applicant's work status was not furnished. In an earlier note dated June 9, 2014, the applicant again reported 8/10 low back pain, constant. Toradol injection was given on that date. On March 12, 2014, the applicant again reported 7-8/10 low back pain. Fioricet, Norco, and Percocet were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet Qty 90: Upheld

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

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

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are "not recommended" in the chronic pain context present here. In this case, it is further noted that the applicant has already received and has been using Fioricet, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Fioricet. The applicant seemingly remains off of work. The applicant remains highly dependent on opioid agents such as Norco and Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other opioid agents, topical compounds, dietary supplements, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Norco 10/325mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. Page(s): 78 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed pain and function. In this case, the attending provider has failed to outline a compelling rationale for provision of two separate short-acting opioids, Norco and Percocet. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant is off of work. The applicant's pain complaints are consistently reported as in the 8/10 level, despite ongoing Norco usage. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

