MAXIMUS Federal Services

Case Number:	CM14-0032703		
Date Assigned:	06/20/2014	Date of Injury:	07/13/2004
Decision Date:	08/20/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/14/2014

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 57 year old female was reportedly injured on 7/13/2004. The mechanism of injury was undisclosed. The most recent progress note, dated 1/13/2014, indicates that there are ongoing complaints of chronic neck pain, bilateral upper extremity pain/numbness and tingling. The physical examination demonstrated no new joint swelling, normal neurological examination, no rheumatoid arthritis deformities, right hand tremor and bilateral wrist tenderness. No recent diagnostic studies are available for review. Previous treatment includes medications and conservative treatment. A request was made for Fiorcet #60 with two refills, unknown medication management session once every three months and was not certified in the pre-authorization process on 2/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Fioricet #60 with 2 refills: 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.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Barbiturate-containing analgesic agents (BCAs) such as Fiorcet is not recommended for chronic pain. 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. After review of the medical records provided, I was unable to determine any findings that would necessitate the use of this medication against the recommended guidelines. Therefore, this request is deemed not medically necessary.

Unknown medication management session once every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS ACOEM Guidelines state the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Review of the available medical records documents bilateral upper extremity pain at the last office visit. The injured worker is also under the care of a psychologist. As such, this request is likely medically necessary. However, in the recent treatment notes there is no documentation of medication that the patient is currently taking. Therefore lacking any subjective or objective documentation of the current medication regimen, this request is deemed not medically necessary.