

Case Number:	CM14-0037257		
Date Assigned:	06/25/2014	Date of Injury:	10/15/2010
Decision Date:	08/20/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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, Pain Medicine and is licensed to practice in Ohio and Texas. 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 injured worker is a 51-year-old female who reported an injury on 10/15/2010. The mechanism of injury was unknown. Her medications included Naproxen 550 mg twice a day, Robaxin 400 mg twice a day, Fioricet 1 to 2 tablets every day, and antidepressants. Past treatments included medications, optical nerve block, and trigger point injections on 06/13/2013; acupuncture 4 visits. The injection had significant improvement (greater than 50%) in terms of pain and symptoms for up to 4 weeks. The injured worker continued to complain of neck pain with stiffness and muscle spasms in the right. The pain had significantly increased over the past 2 months. The injured worker stated feeling like fainting 1 or 2 times daily secondary to increased pain. The medications had not been effective in reducing the pain. The injured worker had diagnoses of cephalgia, chronic migraines 4 to 5 times per week for the past 1 and a half years, C4-5 2 mm disc bulge, and C6-7 2 mm disc bulge per MRI on 04/12/2011; left elbow medial neuropathy per EMG/NCV on 06/24/2014; bilateral carpal tunnel syndrome per EMG/NCV on 06/24/2011; thoracic spine and trapezii pain bilaterally; and a right knee contusion. The injured worker's diagnostic studies included an MRI, EMG (electromyography), and NCV(nerve conduction study). The treatment plan included a Request for Authorization for continued acupuncture therapy for significant flare up 1 time per week for 4 weeks, and a trial of Valium 5 mg twice a day for muscle relaxation and to decrease apprehension to perform range of motion and therapy to the neck, continued Fioricet 1 to 2 times per day for acute onset of headaches, stretching on a daily basis to improve range of motion, followup in 2 weeks for evaluation of trial of Valium, and refill Naproxen 550 mg twice a day. The injured worker received a trigger point injection for a total of 3 muscular trigger point injections. The rationale was not submitted for review. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Naproxen 550mg, #60 DOS: 2/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The request for retrospective Naproxen 550 mg #60 date of service: 02/13/2014 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. There was no evidence to recommend 1 drug in this class over another based on efficacy. The injured worker had chronic pain from an injury sustained in 2010. Long-term use of NSAIDs is not recommended. The medical records did not clearly establish when the medication was started or the duration of treatment. There was a lack of documentation of ongoing analgesic benefit with the chronic use of this medication. As such, the request is not medically necessary.

Retro Fioricet 15mg, #45 DOS: 2/13/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate containing analgesics (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The request for retrospective Fioricet 15 mg #45 date of service: 02/13/2014 is not medically necessary. The injured worker had a history of chronic neck pain. The California MTUS Guidelines do not recommend barbiturates containing analgesic agents for chronic pain. There is a potential for drug dependence and there is no evidence to show a clinical enhancement of analgesic efficacy of BCAs (Barbituate containing analgesics) due to barbiturate constitutes. Fioricet is commonly used for acute headaches, but there is a risk of medication overusage as well as rebound headaches. As this medication was requested to treat chronic pain, it is not supported. As such, the request is not medically necessary.