

Case Number:	CM14-0048208		
Date Assigned:	09/05/2014	Date of Injury:	10/29/2008
Decision Date:	10/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/16/2014

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 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 43-year-old female was reportedly injured on October 29, 2008. The mechanism of injury was noted as pushing a rack and falling. The most recent progress note, dated April 23, 2014, indicated that there were ongoing complaints of neck pain and bilateral arm pain. Pain was rated at 9/10 without medications and 4/10 with medications. The physical examination demonstrated decreased range of motion of the cervical spine and sensitivity of the cervical spine paraspinal muscles and upper trapezius. There was decreased sensation at the bilateral third and fifth fingers as well as decreased strength of the right sided interosseous muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a cervical spine carpectomy and foraminotomy and Botox injections for migraine headaches. A request had been made for Fioricet and baclofen and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG): Pain, Barbiturate Containing Analgesic Agents, Updated October 6, 2014.

Decision rationale: According to the Official Disability Guidelines, barbiturate containing agents such as Fioricet are not recommended for chronic pain. The potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy of this medication due to its barbiturate constituents. As such, this request for Fioricet is not medically necessary.

Baclofen 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 792.26; MTUS (Effective July 18, 2009 Page(s): 63, 64 of 127..

Decision rationale: Baclofen is a pre/post-synaptic GABAB receptor blocker recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm, this request for baclofen is not medically necessary.