

Case Number:	CM14-0050837		
Date Assigned:	07/07/2014	Date of Injury:	04/06/1989
Decision Date:	08/19/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 Interventional Spine, 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 patient is a 52-year-old male with date of injury of 4/6/89. The listed diagnoses per [REDACTED] are depressive disorder, unspecified myalgia and myositis, status post reverse total shoulder replacement from 5/1/13 and revision due to infection on 11/21/13, traumatic brain injury at work from 1989, spinal cord injury from 2002 with bilateral hemiparesis and paraparesis, history of rotator cuff repair, chronic pain involving the left hip and right shoulder, recent left total hip replacement from 2/20/13, anemia of chronic disease, history of appendectomy, and asthma. According to this report, the patient is status post reverse total shoulder replacement from 11/21/13. He states that outpatient physical therapy has not started. He states that his right shoulder pain is better. The patient is taking oxycodone and Fioricet for headaches. The objective findings show the patient is in fair spirits. He is using a motorized wheelchair for ambulation. There is limited right shoulder AP range of motion. No other findings were noted on this report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg tablet x 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: For chronic opiate use, the MTUS Chronic Pain Medical Treatment Guidelines require specific documentations regarding pain and function. Page 78 requires pain assessment that requires current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Furthermore, the four A's for ongoing monitoring are required which include: analgesia, activities of daily living, adverse side effects, and aberrant drug-seeking behavior. The records show that the patient has been on oxycodone since 11/21/13. The treater does not document medication efficacy, including before and after analgesia, specifics regarding activities of daily living to denote significant improvement, no mention of quality of life changes, and no discussions regarding pain assessments using a numerical scale as required by the MTUS guidelines. There are no discussions regarding adverse side effects and adverse drug-seeking behavior such as a urine drug screen. As such, the request is not medically necessary.

Fioricet 50mg-325mg-40mg tablet #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Barbiturate-containing analgesic agents (BCAs) 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. (Friedman, 1987). See also Opioids.

Decision rationale: This patient presents with shoulder pain. The patient is status post right reverse total shoulder replacement from 11/21/2013. The treater is requesting Fioricet 50 mg/325 mg/40 mg tablet #20. The MTUS and ACOEM Guidelines do not address this request. However, ODG on barbiturate-containing analgesic agents (BCAs) states that it 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 barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The records show that the patient was prescribed Fioricet on 03/21/2014. In this case, ODG does not support the use of barbiturates for the treatment of chronic pain. Recommendation is for denial.