

Case Number:	CM14-0098913		
Date Assigned:	07/28/2014	Date of Injury:	10/30/2003
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Management 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 injured worker is a 75 year old female with a reported history of industrial injury on May 05, 2003 and October 30, 2003 while employed as a packer at a sea food packing plant. The mechanism of injury has not been specified. The listed diagnoses are: cervical discopathy with disc displacement, bilateral shoulder rotator cuff tear, and lumbar discopathy with disc displacement. Reported treatment to date has consisted of activity modifications, oral analgesics, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines and the California Chronic Pain Medical Treatment Utilization Schedule

(MTUS) are silent in regard to this request, therefore the Official Disability Guidelines have been applied. According to the Official Disability Guidelines, in the treatment of insomnia, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Doral, a benzodiazepine is only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). Upon review of the submitted clinical notes, the injured worker has been using Doral for greater than 4 weeks and ongoing use is not recommended per the cited guidelines, therefore medical necessity has not been established.

Fioricet #120, no dosage given: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines are silent in regard to this request, therefore the California Chronic Pain Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines have been applied. According to the cited guidelines, the use of Fioricet is commonly used for the treatment of acute headaches but use is not recommended for chronic pain. Based on the submitted clinical notes, medical necessity for chronic use of Fioricet has not been established.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, criteria for use.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines are silent in regard to this request, therefore the California Chronic Pain Medical Treatment Utilization Schedule (MTUS) and the Official Disability Guidelines have been applied. According to the cited guidelines, ongoing use of chronic opiate therapy requires documentation of a decrease in pain level, improved function, lack of adverse effects, monitoring for compliance with therapy, and documentation of medication abuse or misuse. The submitted clinical notes document that the injured worker has been treated with opioid medications for

several years and has reported no change in her pain symptoms or increased function, as such; medical necessity for ongoing chronic opioid therapy has not been established.

Cyclobenzaprine 60mg tube: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounded analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical compounded analgesics.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines are silent in regard to this request, therefore the California Chronic Pain Medical Treatment Schedule (MTUS) and the Official Disability Guidelines have been applied. The cited guidelines state that there is no evidence for use of muscle relaxant as a topical product. Therefore, the medical necessity for this request has not been established.