

Case Number:	CM13-0065248		
Date Assigned:	05/07/2014	Date of Injury:	05/18/2013
Decision Date:	03/11/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 26 year old male with a work injury dated 05/18/2013. The mechanism of injury is documented as assault by a coworker. The injured worker (IW) states he was pushed and punched in the face and chest. On 05/19/2013 he was diagnosed as status post facial/nasal contusion, facial abrasion and left eye contusion. Provider note is dated 11/14/2013 and begins with a visit on 07/22/2013 noting minimal to slight tenderness of the cervical spine with a decrease in range of motion. There was moderate tenderness in lumbar spine with moderate muscle spasm. Range of motion was also decreased. MRI done 07/2013 of temporomandibular joints, right brachial plexus and left brachial plexus were all noted as "unremarkable". CT of orbits, facial bones and sinus done on 07/25/2013 were all noted to be "unremarkable" At the time of this evaluation the IW was complaining of right upper extremity pain, headaches, disequilibrium and chest pain. Exam revealed decreased range of motion in lower back, pain on right straight leg raising and sternal tenderness. According to the above note the IW returned for a follow up visit on 08/15/2013 complaining of increased nasal congestion, dizziness, chest pain right upper extremity pain, headaches, nose and jaw pain. Exam findings were unchanged except for right shoulder MRI finding of bursitis. Visit on 10/07/2013 documented complaints and exam remained unchanged. Diagnoses were: Post traumatic lower back pain rule out right sacral 1, radiculopathy-Post traumatic right shoulder dislocation, rule out brachial, plexus injury-Post traumatic middle ear, -Post traumatic TMJ pain, -Post traumatic facial and nasal fracture. The provider requested Fioricet # 40 and Ultram 50 mg # 30. On 11/27/2013 utilization review issued a decision denying the request for Ultram and Fioricet

citing CA MTUS Chronic Pain Medical Treatment Guidelines page 93-94 regarding Ultram stating the medical file does not document an injury requiring ongoing narcotic analgesic. ODG, Pain (updated 11/14/2013) was cited stating barbiturate containing analgesic agents is not recommended for chronic pain. The request was appealed to Independent medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorcet #40 (no dosage and frequency provided): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet Page 47. Barbiturate-containing analgesic agents (BCAs) Page 23..

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Fioricet which is categorized as a barbiturate-containing analgesic agent (BCA). Barbiturate-containing analgesic agents (BCA) are 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. There is a risk of medication overuse as well as rebound headache. Medical records document a history of traumatic brain injury, headaches, irritability, vertigo, disequilibrium, and dizziness. The use of Fioricet is not supported by MTUS guidelines. Therefore, the request for Fiorcet #40 is not medically necessary.

Ultram 50mg #30 (no frequency provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Per MTUS, the side effects of Tramadol (Ultram) include dizziness, headache, and somnolence. Medical records document a history of traumatic brain injury, headaches, irritability, vertigo, disequilibrium, and dizziness. Given the patient's history of traumatic brain injury and dizziness and the side effects of Ultram, the request for Ultram is not supported by MTUS guidelines. Therefore, the request for Ultram 50 mg #30 is not medically necessary.