

Case Number:	CM14-0005031		
Date Assigned:	01/22/2014	Date of Injury:	06/12/2012
Decision Date:	03/05/2015	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 claimant is a 43 year old female who has a history of a work injury occurring on 06/12/12 plan, while working as a machine operator she had neck, left shoulder, and left upper extremity pain. She was seen on 10/02/13. She had worsening neck pain with ongoing upper extremity radicular symptoms. She had undergone left shoulder arthroscopic surgery in April 2013. Physical examination findings included positive Tinel's and Phalen's testing over the left wrist with decreased cervical spine range of motion, paraspinal muscle tenderness, and positive Spurlings test. Medications include Anaprox. Prilosec is being prescribed for NSAID induced gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects, p67-70 Page(s): 67-70.

Decision rationale: Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain. The claimant is reported to have a history of NSAID induced gastritis. She would be considered at intermediate risk for a GI event. For a patient at intermediate risk, guideline recommendations include a nonselective non-steroidal anti-inflammatory medication with a proton pump inhibitor such as Prilosec. It was therefore medically necessary.

FIORICET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITUATE-CONTAINING ANALGESIC AGENTS (BCAs), FIORICET Page(s): 2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, p6 (2) Barbiturate-containing analgesic agents (BCAs), p23 Page(s): 6.

Decision rationale: Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.

NORCO 10/325MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 11) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Her total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescription of Norco 10/325mg was medically necessary.