

Case Number:	CM14-0188931		
Date Assigned:	11/19/2014	Date of Injury:	02/12/2013
Decision Date:	01/08/2015	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/12/2014

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 Emergency Medicine 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 69 year-old male, who sustained an injury on February 12, 2013. The mechanism of injury is not noted. Diagnostics have included: November 26, 2013 urine drug screen results reported as showing inconsistent negative for Hydrocodone. Treatments have included: physical therapy, cortisone injections, medications, right carpal tunnel release. The current diagnoses are: s/p C6-7 fracture, bilateral shoulder impingement syndrome, s/p right carpal tunnel release, lumbosacral strain. The stated purpose of the request for (1) Prescription of Omeprazole 40mg #60 was not noted. The request for (1) Prescription of Omeprazole 40mg #60 was denied on October 18, 2014, citing a lack of documentation of medication-induced GI distress symptoms. The stated purpose of the request for (1) Prescription of Fiorinal 50/325/40 mg #60 was not noted. The request for (1) Prescription of Fiorinal 50/325/40 mg #60 was denied on October 18, 2014, citing a lack of guideline support for long-term use of barbiturate containing analgesics. The stated purpose of the request for (1) Prescription of Tylenol No. 3 #60 was not noted. The request for (1) Prescription of Tylenol No. 3 #60 was denied on October 18, 2014, citing a lack of documentation of the medical necessity of adding a second opiate. Per the report dated October 9, 2014, the treating physician noted complaints of chronic pain to the neck, and right shoulder. Exam findings included cervical tenderness with limited range of motion, negative Spurling's sign, lumbar tenderness, negative straight leg raising tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Omeprazole 40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has chronic pain to the neck, and right shoulder. The treating physician has documented cervical tenderness with limited range of motion, negative Spurling's sign, lumbar tenderness, negative straight leg raising tests. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, one prescription of Omeprazole 40mg #60 is not medically necessary.

(1) Prescription of Fiorinal 50/325/40 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain; Barbiturate-containing analgesic agents.

Decision rationale: California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, page(s) 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. California MTUS Chronic Pain Treatment Guidelines, p. 23 "Barbiturate-containing analgesic agents (BCAs)" Not recommended for chronic pain." The injured worker has chronic pain to the neck, and right shoulder. The treating physician has documented cervical tenderness with limited range of motion, negative Spurling's sign, lumbar tenderness, negative straight leg raising tests. The treating physician has not documented visual analog scale (VAS) pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening; nor medical necessity specifically for a barbiturate-containing medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, one Prescription of Fiorinal 50/325/40 mg #60 is not medically necessary.

(1) Prescription of Tylenol No. 3 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78-80,80-82.

Decision rationale: California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, page(s) 78-80, Opioids for Chronic Pain, page(s) 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has chronic pain to the neck, and right shoulder. The treating physician has documented cervical tenderness with limited range of motion, negative Spurling's sign, lumbar tenderness, negative straight leg raising tests. The treating physician has not documented duration of treatment, the medical necessity of adding this opiate to Norco, nor any derived functional improvement from its use. The criteria noted above not having been met, one prescription of Tylenol No. 3 #60 is not medically necessary.