

Case Number:	CM14-0042007		
Date Assigned:	06/30/2014	Date of Injury:	04/30/2008
Decision Date:	04/22/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 injured worker is a 55 year old individual who sustained an industrial injury on 04/30/08. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not discussed. Current complaints include right knee and neck pain. In a progress note dated 02/11/14 the treating provider reports the plan of care as continued medications including Gralise, Pamelor, Tylenol #3, Fioricet, and Flector patches, as well as a single point foldable cane. The requested treatments include Flector and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% #30 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flector Patch 1.3% #30 1159F is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics such as diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.

Fioricet 50/325/40mg #30 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate - containing analgesic agents (BCAs) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesic agents (BCA) Page(s): 23.

Decision rationale: Fioricet 50/325/40mg #30 1159F is not medically necessary. According to CA MTUS page 23 Barbiturate-containing analgesic agents (BCAs) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exist to show a clinically important enhancement of analgesic efficacy of BCAs due to the Barbiturate constituents. There is also a risk of medication overuse as well as rebound headache. The claimant does not have a history or medical condition which requires this medication for acute or long term use; therefore the requested medication is not medically necessary.