MAXIMUS Federal Services

Case Number:	CM15-0001416		
Date Assigned:	01/12/2015	Date of Injury:	10/29/2013
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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

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 38-year-old female who reported an injury on 10/29/2013. The mechanism of injury involved cumulative trauma. The current diagnoses include internal derangement of the knee, lumbar sprain, shoulder impingement, cervical sprain, sacroilitis and bursitis. The injured worker presented on 08/26/2014 with complaints of persistent pain in the low back, as well as headaches. Upon examination of the cervical spine, the paravertebral muscles were tender to palpation. There was cervical spine spasm and restricted range of motion with a positive Spurling's test on the right. There were well healed arthroscopic portals about the right shoulder with restricted range of motion and positive impingement sign. There was a well healed scar over the medial aspect of the elbow consistent with ulnar nerve transposition. There was first dorsal interosseous atrophy. Additionally, there was paravertebral muscle tenderness to palpation in the thoracolumbar spine with spasm and restricted range of motion. Recommendations included aquatic therapy 3 times per week for 4 weeks and an orthopedic consultation. The injured worker was also noted to be utilizing Medrox pain relief ointment, cyclobenzaprine 10 mg, Fioricet, Mobic 7.5 mg and naproxen 550 mg. A Request for Authorization form was then submitted on 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Pain Relief Ointment with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker has continuously utilized Medrox pain relief ointment for an unknown duration. There was no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Fioricet 50-300-40mg #60: 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 Page(s): 23.

Decision rationale: California MTUS Guidelines do not recommend barbiturate containing analgesics for pain. The potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy. There is also a risk of medication overuse, as well as rebound headache. Given the above, the ongoing use of Fioricet would not be supported. There was also no frequency listed in the request. As such, the request is not medically appropriate.