

Case Number:	CM15-0007404		
Date Assigned:	01/22/2015	Date of Injury:	09/29/2006
Decision Date:	04/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/13/2015

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 55-year-old female who reported an injury on 09/29/2006. The treating physician had previously recommended she utilize Fioricet 50/325 mg for a total of 60 tablets as well as undergoing acupuncture treatments for the cervical spine, lumbar spine, and bilateral shoulders as well as her right hand x12 sessions. The case had previously been denied for the Fioricet as this medication is not recommended for chronic pain. Her acupuncture sessions were modified to 4 sessions to allow for interval reassessment prior to requesting additional sessions. She complained of having more pain in her legs and feet with a heavy feeling described in her legs. Exam of her cervical spine revealed spasm, pain and decreased range of motion with facet tenderness and radiculopathy of the right at C5-6. She also had spasm and painful range of motion in the lumbar spine with motor weakness on the left at L4-5. Additionally, she had positive Tinel's and Phalen's in the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325mg qty:60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet Page(s): 47.

Decision rationale: According to the California MTUS Guidelines, Fioricet, which is a barbiturate containing analgesic agent, is not recommended for chronic pain. In the case of the injured worker, her injury was ongoing for several years, with no rationale for continued use of this medication. There is a lack of guideline support for ongoing use of Fioricet due to the high evidence of potential for drug dependence with other medications available for treatment options. Therefore, the request cannot be supported and is non-certified.

Acupuncture txs. 2 times per week for 6 weeks for cervical spine, lumbar spine, bilateral shoulders, and right hand qty:12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Guidelines, without indication that the injured worker would be utilizing the acupuncture as an adjunct to another evidence based modality, and with the request exceeding the maximum allowance for initial acupuncture sessions and with prior indication that acupuncture had not been successful in treating the injured worker, the request cannot be supported at this time and is non-certified.