

Case Number:	CM15-0109068		
Date Assigned:	06/15/2015	Date of Injury:	07/31/1998
Decision Date:	07/17/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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

Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 7/31/1998. She reported injury while chasing a suspect. The injured worker was diagnosed as having cervical spine musculoligamentous sprain, right upper extremity radiculitis, right shoulder tendinitis and lumbar musculoligamentous sprain with bilateral lower extremities radiculitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress notes dated 4/28/2015 and 4/29/2015, the injured worker complains of harsh aching and stiffness in her neck and pain and tingling in the right arm to the fingers, right shoulder pain and intermittent low back pain that radiates down the right leg. Physical examination showed tender cervical paraspinal muscles. The treating physician is requesting 8 massage therapy sessions and Apap/Butalbital/Caffeine-30 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) APAP/but/caffeine: Upheld

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

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

Decision rationale: This patient receives treatment for chronic neck, R upper extremity, lower back, and shoulder pain. This relates back to an industrial injury on 07/31/1998. This review addresses a request for a refill of APAP/but/caffeine #30 tablets. The patient reports neck stiffness with pain and some R arm tingling. There are complaints of low back pain with radiation. On exam, there is muscle tenderness of the posterior neck muscles. This compounded analgesic pill has been marketed as Fioricet. This medication in prior years was prescribed to treat headaches. The vast majority of pain specialists has abandoned using this compounded pill, because studies failed to show effectiveness and there were growing concerns about the safety and appropriateness of the butalbital component, which is a barbiturate. Barbiturates are sedatives that preceded benzodiazepines, but they are associated with habituation, craving, rebound, and death, both accidental and intentional. This compounded drug is not medically necessary.

Eight (8) massage therapy sessions: cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical medicine Page(s): 98-99.

Decision rationale: This patient receives treatment for chronic neck, R upper extremity, lower back, and shoulder pain. This relates back to an industrial injury on 07/31/1998. This review addresses a request for 8 massage therapy sessions. The patient reports neck stiffness with pain and some R arm tingling. There are complaints of low back pain with radiation. On exam, there is muscle tenderness of the posterior neck muscles. Massage therapy is considered a passive treatment, unlike home exercises. Passive treatments must be faded to active treatments in order for the recovery to take place. There are no high-grade clinical studies that recommend massage therapy as a replacement for an active course of exercises. Massage therapy is not medically necessary.