

Case Number:	CM15-0145661		
Date Assigned:	07/30/2015	Date of Injury:	11/19/2002
Decision Date:	09/29/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, shoulder pain, and headaches reportedly associated with an industrial injury of November 19, 2002. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for Fioricet and baclofen. The claims administrator referenced a date of service of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On March 29, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant had received both cervical epidural steroid injection therapy and trigger point injections, it was reported. The applicant was on Fioricet for headaches and was also apparently using a lumbar brace, it was reported. The applicant's medication list included Prilosec, Lidoderm, Effexor, Fioricet, Seroquel, morphine, it was reported. Prilosec, Lidoderm, and Fioricet were renewed while other medications were continued. The applicant was still smoking, it was acknowledged. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated. On April 30, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain with derivative complaints of headaches. The attending provider contended that the applicant's headaches would be worsened without Fioricet. Fioricet and baclofen were apparently renewed on this date. The applicant's permanent work restrictions were likewise renewed. Little seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet-cod 30-50-325-40mg, cap 50-325-40-30mg QTY: 45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 81, Chronic Pain Treatment Guidelines Page(s): 94.

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

Decision rationale: No, the request for Fioricet, a barbiturate containing analgesic, was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the chronic pain context present here. The attending provider failed to furnish a clear or compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on usage of barbiturate-containing analgesics such as Fioricet in the chronic pain context present here. Therefore, the request was not medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Baclofen (Lioresal, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 64; 7.

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity associated with multiple sclerosis and/or spinal cord injuries but can be employed off label for paroxysmal neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, permanent work restrictions were renewed, unchanged, on the April 30, 2015 office visit at issue. It did not appear that the applicant was working with said permanent limitations in place. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as morphine, it was acknowledged on April 30, 2015, or topical agents such as Lidoderm. The applicant also remained dependent on other forms of medical treatment to include trigger point injection therapy and epidural steroid injection therapy, it was acknowledged on April 30, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.