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| Case Number: | CM15-0146158 | | |
| Date Assigned: | 08/07/2015 | Date of Injury: | 12/14/2012 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 07/06/2015 |
| Priority: | Standard | Application Received: | 07/28/2015 |

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], [REDACTED] beneficiary who has filed a claim for chronic neck pain, finger pain, jaw pain, and headaches reportedly associated with an industrial injury of December 14, 2012. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for a topical compounded agent and Fioricet. The applicant's attorney subsequently appealed. On June 14, 2015, the applicant was placed off work, on total temporary disability. Multifocal complaints of neck pain, arm pain, jaw pain, and headaches were reported, 9/10. The applicant was using Fioricet and Flexeril as of this point in time, it was reported. A TENS unit, otolaryngology consultation, dentistry consultation, pain management follow-up visit, EMG testing, and MRI imaging of TMJ joint were endorsed, along with Fioricet and the topical compounded agent in question. The applicant was kept off work, on total temporary disability, it was acknowledged. Fioricet and Flexeril were endorsed via an earlier note dated May 7, 2015. The applicant was, once again, placed off work, on total temporary disability, on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet (Butalbital/APAP WCAFF 50/325/40mg tab) 1 tab po every 12 hrs prn #60:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 28.

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. Here, the request was framed as a renewal or extension request for Fioricet. Continued usage of the same, thus, was at odds with the MTUS position against usage of barbiturate-containing analgesics such as Fioricet in the chronic pain context present here. Therefore, the request was not medically necessary.

Flurbiprofen-Baclofen-Lidocaine cream (20%/5%/4%) TID 180 grams QTY: 1: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the request for a flurbiprofen-baclofen-lidocaine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, i.e., the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.