

Case Number:	CM15-0160394		
Date Assigned:	08/26/2015	Date of Injury:	01/18/2000
Decision Date:	10/02/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 44 year old male, who sustained an industrial injury, January 18, 2000. The injured worker previously received the following treatments Norco, Ambien, Fioricet and Ibuprofen, random toxicology laboratory studies were negative for any unexpected findings on June 23, 2015. The injured worker was diagnosed with cervicgia, lumbago, low back pain, shoulder region, myofascial pain syndrome, fibromyalgia, encounter long term prescription narcotic use, chronic headache and mid back pain. According to progress note of June 23, 2015, the injured worker's chief complaint was low back pain, neck tension and headaches daily. The injured worker was feeling a lot of stress and anxiety which was causing the headaches. The current medication was allowing the injured worker to do some light activity and driving without sedation. The injured worker was unable to fill the Floricet last month due to unauthorized. The injured worker was also complaining of insomnia and fatigue. The physical exam noted tenderness at the cervical spine, thoracic spine, lumbar spine, facet joints. There was crepitus and decreased flexion, extension, lateral bending and rotation. There was tender joint line on the left and right. The treatment plan included prescriptions for Floricet and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg #50: 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 Page(s): 23.

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." As the request is not recommended by the MTUS, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Per progress report dated 7/23/15, the injured worker noted medications were "working somewhat." "Reduce pain significantly and allow him to walk 100 percent more, tolerates pain better and has improved sleep compared without meds." He rated his pain 8/10 and 10/10 without medication. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS dated 2/23/15 was positive for opiates. UDS dated 6/23/15 and 7/23/15 were negative for opiates. Absent appropriate UDS, medical necessity cannot be affirmed.