

Case Number:	CM15-0191559		
Date Assigned:	10/05/2015	Date of Injury:	07/19/2011
Decision Date:	12/07/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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: 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 injured worker is a 61 year old female, who sustained an industrial injury on 7-19-11. The documentation on 8-12-15 noted that the injured worker has complaints of right shoulder and bilateral wrists and continues to complain of neck pain, which is a compensable consequence of the painful condition of her right shoulder. Inspection of the cervical spine reveals no gross deformity and there is spasm about the right side of the neck. The injured worker complains of significant pain with motion, which radiates into the right upper extremity and there is tenderness upon palpation about the right side of the neck. The injured worker complains of pain with motion and Phalen's sign is positive bilaterally. There is diminished sensation to the 4th and 5th fingers on the left. The diagnoses have included rotator cuff (capsule) sprain and right wrist and left wrist carpal tunnel syndrome. Treatment to date has included injections; Celebrex for inflammation and pain; fioricet for headaches and Percocet for severe pain. The original utilization review (9-11-15) modified the request for pain management consult and treatment for possible epidural steroid injection to pain management consult only. The request for retrospective Toradol 60mg-ml with a date of service of 8-12-15; retrospective fioricet 50-325 40mg #60 with a date of service of 8-12-15 and retrospective Percocet 10-325mg #60 with a date of service of 8-12-15 were not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult/treatment for possible ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. The original reviewer modified the request to exclude the ESI. The pain consultation only was approved. Pain management consult/treatment for possible ESI is not medically necessary.

Retrospective Toradol 60 mg/ml with a dos of 8/12/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Toradol, Pain (Chronic).

Decision rationale: The injection is recommended as an option to corticosteroid injections in the Shoulder Chapter, with up to three injections. (Min, 2011) Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy. The patient is currently taking opioids for pain control. Retrospective Toradol 60 mg/ml with a dos of 8/12/2015 is not medically necessary.

Retrospective Fioricet 50/325 40 mg #60 with a dos of 8/12/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The Official Disability Guidelines do not recommended Fioricet 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. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. Retrospective Fioricet 50/325 40 mg #60 with a dos of 8/12/2015 is not medically necessary.

Retrospective Percocet 10/325 mg #60 with a dos of 8/12/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. Retrospective Percocet 10/325 mg #60 with a dos of 8/12/2015 is not medically necessary.