

Case Number:	CM15-0196133		
Date Assigned:	10/09/2015	Date of Injury:	01/05/2010
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Arizona, 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 48 year old male who sustained an industrial injury on 1-5-10. The assessment is noted as acromioclavicular (joint) (ligament) sprain, myofascial pain syndrome, status post shoulder surgery, neuropathic pain syndrome, muscle spasms, depression and anxiety. In a progress report, dated 7-8-15, the physician notes he was unable to drive today secondary to pain. Physical exam notes pain in the right shoulder with impingement, limited range of motion, and motor is 5 out of 5 for upper and lower extremities. Previous treatment includes transcutaneous electrical nerve stimulation, Functional Capacity Evaluation (2011), physical therapy, Cortisone injections, trigger point injections, and medication (Fiorinal noted 12-9-14, Tramadol noted 4-14-15). The requested treatment of Tramadol 50mg #90 with 1 refill was modified to 1 prescription of Tramadol 50mg #60 and Fiorinal with 1 refill was non-certified on 10-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol along with NSAIDs and Hydrocodone for several months. Long-term use of opioids is not indicated. No one opioid is superior to another. Pain score reduction with use of medications was not provided. Continued use of Tramadol is not medically necessary.

1 prescription of Fiorinal with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter and pg 26.

Decision rationale: Fiorinal contains barbiturates, Aspirin and Caffeine. Fioricet is indicated for headaches and migraines. Although the claimant has cervical related headaches, there is no mention of failure of other 1st line options for migraines. According to the guidelines, barbiturates containing compounds are 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. The claimant had been on Fiorinal for a prolonged period of time along with opioids which can increase addiction and abuse potential. Continued and long term use is not medically necessary.