

Case Number:	CM15-0217662		
Date Assigned:	11/09/2015	Date of Injury:	08/08/2007
Decision Date:	12/21/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/05/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62 year old female with a date of injury on 8-8-07. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedic complaints. Progress report dated 9-15-15 reports complaints of headaches rated 10 out of 10. She has continued constant neck pain with radiation to bilateral upper extremities down to the elbows and arms, right side worse than the left. The pain is associated with numbness and tingling in the trapezius. She reports neck spasm and crepitus along right arm pain rated 10 out of 10. She also has complaints of ongoing right shoulder pain rated 10 out of 10 with radiation to the right upper extremity. Current medications include: Oxycodone, fiorinal, robaxin, and gabapentin. Physical exam: right shoulder weakness, she cannot comb her hair or lift her arm, unable to resist deltoid weakness, she has diffuse tenderness and spasm throughout the trapezius and levator scapula region. Previous MRI study revealed stenosis at C3-4 on the right side with disc and osteophyte fragment. Urine drug screen done on 5-28-15 is consistent with prescribed and requested medications. Treatments include: medication, physical therapy, and surgeries. Request for authorization was made for Medrol Dose Pack, Fioricet quantity 60 and CT Scan of Cervical spine. Utilization review dated 10-6-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Steroids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Oral corticosteroids, page 624.

Decision rationale: Per the guidelines, oral corticosteroids (Medrol Dose pack) are not recommended for acute, sub-acute and chronic spine and joint pain due to the lack of sufficient literature evidence (risk vs. benefit, lack of clear literature) and association with multiple severe adverse effects with its use. There is also limited available research evidence which indicates that oral steroids do not appear to be an effective treatment for patients with spine and joint problems and has serious potential complications associated with long-term use. Submitted reports have not demonstrated specific indication and support for use outside guidelines criteria for this chronic 2007 injury without demonstrated functional improvement from medications already received. The Medrol Dose Pack is not medically necessary and appropriate.

Fiorcet quantity 60: 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.

Decision rationale: Barbiturate-Containing Analgesic agents (BCAs) is not indicated for the relief of the chronic pain symptom. Fioricet is a compound combination of butalbital, acetaminophen and caffeine. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Guidelines notes the barbiturate component has high potential for drug dependency with overuse risk and rebound headaches. Additionally, there is no evidence that identifies the clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Caution in this regard is required because butalbital is habit-forming and potentially abusable. Evidence based guidelines support treatment regimen upon clear documented medical necessity with defined symptom complaints, significant clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question, not demonstrated here. Submitted reports have not identified any such illness or disease process, in this case, of complex tension headaches, severe acute flare, new injury, or change in chronic musculoligamentous pain presentation to support continued use for this barbiturate. The Fioricet quantity 60 is not medically necessary and appropriate.

CT Scan of Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per Treatment Guidelines, criteria for ordering imaging studies such as the requested CT scan of the cervical spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Cervical spine with unchanged symptoms nor document any specific acute new injury or progressive neurological deficits to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT Scan of Cervical spine is not medically necessary and appropriate.