

Case Number:	CM15-0035101		
Date Assigned:	03/03/2015	Date of Injury:	10/29/2013
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with industrial injury of October 29, 2013. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve requests for Medrox and Fioricet. The claims administrator referenced a January 13, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of neck, back pain, and headaches. The applicant was receiving chiropractic manipulative therapy, it was acknowledged. The applicant was status post shoulder surgery. Medrox, Flexeril, Fioricet, Mobic, and naproxen were endorsed. The attending provider suggested that the applicant return to work on a trial basis. On August 26, 2014, the applicant again reported multifocal complaints of neck pain, shoulder pain, back pain, and headaches. Medrox, Flexeril, Fioricet, Mobic, and naproxen were all endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment (+2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: No, the request for Medrox pain relief ointment, a capsaicin-containing agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin is not recommended except as a last-line agent, for applicants who have responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Mobic, naproxen, etc., effectively obviated the need for the capsaicin-containing Medrox ointment at issue. Therefore, the request was not medically necessary.

Fioricet 50/300/40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Similarly, the request for Fioricet, a barbiturate containing analgesic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesic agents such as Fioricet are not recommended in the chronic pain context present here. Here, the applicant has seemingly been using Fioricet for what appears to be a minimum of several months to several years. Such usage, however, is incompatible with page 23 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.