

Case Number:	CM15-0042050		
Date Assigned:	03/12/2015	Date of Injury:	05/19/2014
Decision Date:	04/22/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 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:

The injured worker is a 39 year old, female patient, who sustained an industrial injury on 05/19/20014. An orthopedic follow up visit dated 02/02/2015, reported subjective complaint of headaches, neck, back and shoulder pains. She is currently working modified duties. Objective findings showed tenderness to palpation along the cervical and lumbar paraspinal muscles bilaterally. The following diagnoses are applied; discogenic cervical condition with facet inflammation and headaches; discogenic lumbar condition with facet inflammation. The plan of care involvedm prescribing Lidoderm patch % 5 # 60 and follow up on 03/01/2015. Medications were also requested during this visit; Ultracet 37.5/325mg # 60, Protonix 20mg # 60, Naflon 400mg # 60, Lidoderm patch % 5 # 60 and Fioricet for ehadaches # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient present with pain affecting the head, neck, back, and shoulder. The current request is for Ultracet 37.5/325 mg QTY 60. The treating physician report dated 2/2/15 (44C) states, "He made some adjustments to her medications, which is helping." The report goes on to state, "Please kindly authorize medications for next visit including Ultracet 37.5/325 mg (#60) for pain". MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Ultracet since at least 10/22/14. The patient's pain level was not addressed in the most current medical report provided. There is limited documentation that the patient's ADL's have improved. In this case, all four of the required A's are not addressed, the patients pain level has not been monitored upon each visit and functional improvement has not been documented. Recommendation is for denial. Therefore, the request is not medically necessary.

Fioricet 40/50/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures & Barbiturate-containing analgesic agents (BCAs) Page(s): 48, 23.

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

Decision rationale: The patient present with pain affecting the head, neck, back, and shoulder. The current request is for Fioricet 40/50/325 mg Qty 60. The treating physician report dated 2/2/15 (44C) states, "He made some adjustments to her medications, which is helping." The report goes on to state, "Fioricet for headaches." MTUS guidelines state that Barbiturate-containing analgesic agents 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. In this case, Fioricet is not recommended by the MTUS guidelines as outlined on page 23. Recommendation is for denial. Therefore, the request is not medically necessary.