

Case Number:	CM15-0080674		
Date Assigned:	05/01/2015	Date of Injury:	12/20/2001
Decision Date:	07/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/27/2015

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 64-year-old who has filed a claim for chronic neck, elbow, and wrist pain reportedly associated with an industrial injury of December 20, 200. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve requests for Norco, Duexis, Soma, and Fioricet. The claims administrator referenced a RFA form received on March 30, 2015 and an associated progress note of March 24, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated March 24, 2015, Norco, Soma, Ambien, Fioricet, Prilosec, and Duexis were endorsed. In an associated progress note of the same date, March 24, 2015, the applicant reported multifocal complaints of elbow, wrist and neck pain with derivative complaints of depression and anxiety. The applicant had become depressed owing to loss of work, it was suggested, implying that the applicant was not working. The attending provider nevertheless stated that Fioricet, Ambien, Norco, Duexis, Soma, and topical compounds were beneficial. The attending provider stated that Prilosec was being used for gastritis in one section of the note and stated that it was beneficial. Permanent work restrictions were renewed. Multiple medications were likewise renewed. Toward the bottom of the report, it was stated that the applicant's pain complaints were severe. The attending provider stated that the applicant was having difficulty lifting any article weighing greater than 10 pounds and also noted that various activities including standing, bending, stooping, gripping, and grasping remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids page(s): 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the attending provider stated on March 24, 2015 that the applicant had become depressed owing to loss of work, strongly suggesting that the applicant was not working on that date. Portions of the March 24, 2015 progress note suggested that the applicant's pain complaints were still severe, despite ongoing medication consumption, including ongoing Norco usage. While the attending provider later state that the applicant's medications were beneficial, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant was having difficulty lifting any articles weighing greater than 10 pounds, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Duexis 800-26.6 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page(s): 22.

Decision rationale: Similarly, the request for Duexis, an amalgam of ibuprofen and famotidine, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Duexis (ibuprofen-famotidine) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work. Pain complaints as high as 6-7/10 were reported, despite ongoing Duexis usage. The applicant was still having difficulty

performing activities of daily living as basic as lifting, bending, carrying, pushing, pulling, gripping, grasping, etc., it was reported on March 24, 2015. Permanent work restrictions were renewed, unchanged, from visit to visit. Ongoing usage of Duexis failed to curtail the applicant's dependence on opioid agents such as Norco, muscle relaxants such as Soma, and/or barbiturate containing agents such as Fioricet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Duexis. Therefore, the request was not medically necessary.

Carisoprodol 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) page(s): 29.

Decision rationale: Similarly, the request for carisoprodol (Soma) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Norco, an opioid agent. Adding carisoprodol or Soma to the mix is not recommended. Therefore, the request was not medically necessary.

Butalbital/APAP/caffeine codeine #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Barbiturate-containing analgesic agents.

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

Decision rationale: Finally, the request for butalbital-Tylenol-caffeine (AKA 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 analgesics such as Fioricet are not recommended in the chronic pain context present here owing to the high risk of drug dependence. Here, the request was, in fact, framed as a renewal request for Fioricet. Continued usage of the same, thus, ran counter to the position set forth on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish much in the way of an applicant-specific rationale so as to offset the same. Therefore, the request was not medically necessary.