MAXIMUS Federal Services

Case Number:	CM14-0101040		
Date Assigned:	08/01/2014	Date of Injury:	05/06/2006
Decision Date:	09/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old male who reported an injury 05/06/2006. The mechanism of injury was not provided within the medical records. The Clinical Note dated 06/25/2014 indicated diagnosis of chronic neck pain due to tight musculature and muscle spasms, right shoulder pain due to a history of right labral tear status post repair and impingement syndrome, right thoracic pain possibly due to costochondritis versus a neuritis of the intercostal nerve and problems with anxiety, depress, and insomnia. The injured worker reported the worst pain was in the back which was intense on a daily basis. The injured worker also reported persistent pain in the neck and the right shoulder on a daily basis. The injured worker reported chronic pain interfered with daily functionality and disrupted his thinking due to the constant sensation of pain. The injured worker reported frequent spasms in the low back and frequent numbness and tingling in the right arm and all of the fingers. The injured worker reported pain increased with sitting and standing longer than 20 to 25 minutes and walking a short distance. The injured worker reported he woke up with intense pain in the left side of the back that radiated to the left buttock lasting for 7 days. The injured worker reported the sensation did subside. The injured worker reported pain more so on the right side of the low back instead of the left. Reported pain affected his sleep by waking him up at night. The injured worker reported depression due to chronic pain that decreased his ability to do tasks. On physical examination, lumbar range of motion was decreased and cervical range of motion was decreased. The injured worker's treatment plan included a request for extension to pain management authorization for liver and kidney function tests. The injured worker reported medications had been helpful in decreasing his symptoms and allowed him to be functional. The injured worker's prior treatments included diagnostic imaging surgery and medication management. The injured worker's medication regimen included Opana, Norco, Fioricet, Ambien, and naproxen. The provider submitted a

request for Fioricet and naproxen. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS guidelines recognize Naproxen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Although the injured worker reported the medications had been helpful decreasing his symptoms and allowing him to be functional, there is lack of a quantified pain assessment done by the injured worker. In addition, it was not indicated how long the injured worker had been utilizing the naproxen. Moreover, the request does not indicate a frequency. Therefore, the request for naproxen is not medically necessary.

Fioricel 50/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain, Fioricet.

Decision rationale: The Official Disability Guidelines do not recommend Fioricet for chronic pain. 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. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. Although the injured worker reported medications had been helpful in decreasing his symptoms and allowing him to be functional. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for headaches. In addition, the request did not indicate a frequency for this medication. Moreover, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request for Fioricet is not medically necessary.