

Case Number:	CM14-0115446		
Date Assigned:	09/16/2014	Date of Injury:	03/28/2008
Decision Date:	10/17/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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 California. 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 56-year-old female who reported an injury on 03/28/2008. The mechanism of injury was not provided. The injured worker's diagnoses included cervical radiculopathy, cervical spinal stenosis, lumbar radiculopathy, lumbar spinal stenosis, depression, gastroesophageal reflux disorder (GERD), medication related dyspepsia, NSAID intolerance, and status post left shoulder surgery x2. The injured worker's past treatments include medication, surgery, and injections. On the clinical note dated 04/24/2014, the injured worker complained of neck pain that radiates down bilateral upper extremities and low back pain that radiates down bilateral lower extremities, rated 6/10 with medication and 8/10 to 9/10 without medication. The medical records indicate the injured worker is on limited activities of daily living. The injured worker had spinal vertebral tenderness noted in the cervical spine at C4-7, and tenderness upon palpitation in the spinal vertebral area of L4-S1 levels. The medical records indicate the last urinary drug screening on 12/05/2013, which was consistent with the medication regimen. The injured worker's medications include Butrans Patch 20 mcg, Omeprazole 20 mg Twice Daily, Vicodin 5/300 mg, Capsaicin 0.025% Cream Daily, Gabapentin 600 mg Twice Daily, Tramadol HCL 50 mg every 8 hours, and Fioricet 50/325/40 mg. The request was for Fioricet 50/325/40 mg, Omeprazole 20 mg, Vicodin 5/300 mg, and Butrans 20 mcg patch. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50-325-40mg QTY: 60: Upheld

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

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

Decision rationale: The request for Fioricet 50/325/40 mg, quantity 60, is not medically necessary. The California MTUS Guidelines do not recommend Fioricet for chronic pain. The guidelines state the potential for drug dependence is high, and there is no evidence to show enhancement of analgesic efficacy due to the barbiturate content. There is a risk of medication overuse, as well as rebound headaches. The injured worker's medical records lacked documentation of the efficacy of the medication, the time frame of efficacy, and the efficacy of functional status that the medication provides. There is a lack of documentation that indicates the injured worker has headaches that causes decreased functional deficits. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency of the medication. As such, the request for Fioricet 50/325/40 mg, quantity 60, is not medically necessary.

Omeprazole 20mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI issues/PPIs Page(s): 68-69.

Decision rationale: The request for Omeprazole 20 mg, quantity 60, is not medically necessary. The California MTUS Guidelines recommends the use of proton pump inhibitors with the use of NSAIDs if the patient is at high risk for gastrointestinal events. The injured worker's medical records lack documentation of a history of peptic ulcer, GI bleeding, or perforation. Additionally, the request does not indicate the frequency of the medication. As such, the request for Omeprazole 20 mg, quantity 60, is not medically necessary.

Vicodin 5-300mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Vicodin 5/300 mg, quantity 90, is not medically necessary. The California MTUS Guidelines recommend an ongoing review of medications with the

documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend that opioids for chronic back pain be limited for short term pain relief, not greater than 16 weeks. There is a lack of documentation indicating the injured worker has significant objective or functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation that indicates the injured worker has decreased functional deficits. The documentation did not include a recent urine drug screen or documentation of side effects. Additionally, the request does not indicate the frequency of the medication. As such, the request for Vicodin 5/300 mg, quantity 90, is not medically necessary.

Butrans 20mcg Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

Decision rationale: The request for Butrans 20 mcg patch is not medically necessary. The California MTUS Guidelines recommend buprenorphine for treatment of opiate addiction. The guidelines also recommend for an option of chronic pain, especially after detoxification in patients who have a history of opiate addiction. The guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include documentation of side effects. The last urine drug screen obtained was on 12/05/2013, which was consistent with the medication regimen at the time. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation that indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency of the medication or the application site for the pain patches. As such, the request for Butrans 20 mcg patch is not medically necessary.