

Case Number:	CM14-0125114		
Date Assigned:	08/11/2014	Date of Injury:	09/26/2005
Decision Date:	10/07/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic pain syndrome, and headaches reportedly associated with an industrial injury of September 26, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier cervical fusion surgery; unspecified amounts of physical therapy; opioid therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated July 18, 2014, the claims administrator denied a request for Fioricet and apparently partially certified/conditionally certified a reevaluation as one office visit. Non-MTUS ODG Guidelines were invoked to modify/partially certify the office visit. The applicant's attorney subsequently appealed. In an October 1, 2013, psychology note, the applicant was described as having ongoing complaints of depression, insomnia, and cognitive dysfunction. The applicant was given prescriptions for Zoloft and Lunesta. It was suggested that the applicant was not working. On January 13, 2014, the applicant reported persistent complaints of headaches, anxiety, depression, neck pain, low back pain, sleep difficulty, and seizure disorder, currently quiescent. The applicant reportedly had not had any seizures since October 2011. The applicant was using Lopressor and Norvasc. It was stated that the applicant was not working. Protonix, Kappa, Norco, and Fioricet were endorsed, while the applicant was seemingly kept off work. On August 3, 2010, it was acknowledged that the applicant was using a variety of dietary supplements, medical foods, and blood pressure lowering medications, Prilosec, Fioricet, Vicodin, and Soma. The applicant was not working. The applicant was apparently trying to work in a different capacity, despite ongoing issues with depression, anxiety, and suicidal thoughts, it was stated. The applicant had a variety of financial constraints, it was stated. On February 20, 2013, the applicant was described

by his neurologist as employing Seroquel, Zoloft, Xanax, Ambien, Fioricet, Kappa, Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms and an applicant's work status. In this case, the applicant has ongoing psychological complaints. The applicant is off work. Obtaining the added expertise of and/or continued care from a mental health specialist is therefore indicated. Accordingly, the request is medically necessary.

Fioricet #60 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the treatment of chronic pain. In this case, the applicant has been using Fioricet for what amounts to a span of several years, despite the unfavorable MTUS position on the same. Ongoing complaints of headaches persist. The applicant does not appear to have returned to work. Ongoing usage of Fioricet has failed to curtail the applicant's reliance and dependence on other forms of medical treatment, including opioid analgesics and psychotropic medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Fioricet. Therefore, the request is not medically necessary.