

Case Number:	CM14-0136817		
Date Assigned:	09/03/2014	Date of Injury:	05/02/2005
Decision Date:	09/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55 year old male with an injury date on 05/02/2005. Based on the 07/30/2014 progress report provided by [REDACTED], the patient complains of multiple pain sites, and neck being his main pain generator. [REDACTED] noted the accepted body parts for treatment include the cervical spine, left elbow, both shoulders, right knee, and psychiatric care. Medications prescribed are keeping patient functional, allowing for increased mobility, and tolerance of ADL's. The patient reports that the average pain without medications about 8/10, with medications is a 3/10, and current is a 4.5/10 on the pain scale. No side effects are associated. The diagnoses include the following: 1. Unspecified myalgia and myositis 2. Other acute reactions to stress 3. Hypertensive heart disease unspecified w/heart fail 4. Thoracic/lumbosacral neuritis/radiculitis unspecified 5. Headache 6. Intervert cerv disc d/o w/myelopathy cerv region 7. Brachial neuritis or radiculitis nos 8. Degeneration of cervical intervertebral disc 9. Postlaminectomy syndrome cervical region 10. Cervicalgia [REDACTED]. [REDACTED] is requesting for Fioricet 50-325-40mg (Butalbital-APAP-Caffeine), QTY: 120 and for MS Contin (Morphine Sulfate) 30mg QTY: 60. The utilization review determination being challenged is dated 08/14/2014. [REDACTED] is the requesting provider, and he provided one treatment report of 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50-325-40mg (Butalbital-APAP-Caffeine), QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet See Barbiturate-containing analgesic agents (BCAs); Barbiturate-containing analgesic agents (BCAs) Page(s): 47, 23.

Decision rationale: According to the 07/30/2014 report by [REDACTED] this patient presents with multiple pain sites. The provider is requesting for Fioricet 50-325-40mg (Butalbital-APAP-Caffeine), QTY: 120. MTUS guidelines section on Barbiturate-containing analgesic agents (BCAs) states, "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, the requested Fioricet 50-325-40mg is not medically necessary. Recommendation is for not medically necessary.

MS Contin (Morphine Sulfate) 30mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

Decision rationale: According to the 07/30/2014 report by [REDACTED] this patient presents with multiple pain sites. The provider is requesting for MS Contin (Morphine Sulfate) 30mg QTY: 60. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Based upon review of the one report 07/30/2014, while the provider states that the patient finds the medicines helpful, there are no specific ADL's, change in pain levels, discussion of side effects, aberrant behavior and no outcome measures are discussed. Recommendation is for not medically necessary.