

Case Number:	CM14-0137570		
Date Assigned:	09/05/2014	Date of Injury:	01/27/2010
Decision Date:	10/20/2014	UR Denial Date:	08/08/2014
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 Pain Management 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 60 year old male with an injury date of 01/27/10. The 07/29/14 progress report by [REDACTED] states that the patient presents with headaches, neck and lower back pain. It is noted the patient is on limited duty status. Examination reveals paracervical tenderness from T1 to T12-L1 and paralumbar tenderness from L1 to L5-S1. There is lower thoracic and lumbar spasm, bilateral sacroiliac tenderness and bilateral trochanteric tenderness. The patient's diagnoses include: 1. Chronic lumbar back pain with multilevel degenerative disc disease and multilevel neuroforaminal spinal stenosis, greatest at L5-S1 level on the MRI scan of 05/03/12. 2. Status post L3 compression fracture 3. Status post atrial fibrillation caused by his work-related injury of 01/27/10. He has coronary insufficiency, atrial fibrillation, and chronic pain due to his trauma per the cardiologist report 09/11/13. 4. Status post right heel contusion 5. Chronic cervical pain. 6. Chronic thoracic myofascial pain 7. Chronic bilateral lower extremity dysesthesias 8. Dyspepsia, secondary to oral NSAIDs 9. Chronic posttraumatic headaches Current medications are listed as Fioricet and Omeprazole. Tramadol was noted requested on the 07/01/14 report. The utilization review being challenged is dated 08/08/14. Treatment reports from 04/09/13 to 08/26/13 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 39.

Decision rationale: The patient presents with headaches, neck and lower back pain. The provider requests for Fioricet (a barbiturate containing analgesic) #120. The reports provided show the patient was taking this medication on 02/12/14. On 04/08/14 the provider notes the medication is for headaches. The 05/06/14 report states no Fioricet was given and on 07/01/14 the medication was given. MTUS page 39 states the following regarding Barbiturate-containing analgesic agents (BCAs), " 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). See also Opioids." The treatment reports show a diagnoses of posttraumatic headaches for this patient since 04/09/13. In this case, it does appear the medication is being used for chronic pain outside MTUS recommendation per above. Therefore, recommendation is for denial.

Omeprazole 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with headaches, neck and lower back pain. The provider requests for Omeprazole 20mg #30 with 3 refills. The reports provided show that the patient has been using this medication since at least 04/09/13. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case the patient has a diagnosis dyspepsia secondary to NSAIDs, and the provider mentions on 04/08/14 the patient has continued dyspepsia. However, he does not mention what Omeprazole is doing for the patient, whether or not it's helping. The current list of meds do not include an NSAID and it is not known why Omeprazole has been continued or how the patient has responded to on-going use of this medication. Given the lack of documentation, recommendation is for denial.