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| Case Number: | CM14-0140285 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 06/02/2003 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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 Internal 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 injured worker is a 63-year-old male with a reported date of injury on 06/02/2003. The injury reportedly occurred when the injured worker fell into a ditch. His diagnoses were noted to include reflex sympathetic dystrophy of the right upper extremity with chronic right upper extremity swelling, dysesthesia, significant loss of function; right wrist, hand, elbow, and thumb strain; right shoulder strain; and secondary depression/chronic/insomnia due to chronic pain. His previous treatments were noted to include psychotherapy and medications. The progress note dated 07/08/2014 revealed complaints of right upper extremity swelling and inability of use due to sharp, shooting pain to the right hand. The injured worker complained of a burning dysesthesia to the right upper extremity, right shoulder pain, depression due to chronic pain, and increasing headaches. The physical examination revealed normal deep tendon reflexes of the upper extremities. The injured worker utilized a motorized wheelchair, and sensation was decreased to the entire right upper extremity. The right upper extremity was noted to have a pinkish discoloration of the skin with moderate to severe dysesthesia. The injured worker was unable to make a full fist and it was only 50 to 60 percent of normal. The physical examination of the cervical spine noted some pain on palpation of the cervical muscles. The Request for Authorization Form was not submitted within the medical records. The request was for Fioricet #90 for cervicogenic headaches and a urine drug screen; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate-containing analgesic agents.

Decision rationale: The request for Fioricet #90 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The Official Disability Guidelines do not recommend barbiturate containing analgesic agents for chronic pain. The potential for drug dependence is high and no evidence of 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. There is a lack of documentation regarding efficacy in a prefunctional status with the utilization of this medication. Additionally, the request failed to provide the frequency which this medication.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, Steps to Avoid Misuse/Abuse Page(s): 43; 94.

Decision rationale: The request for a urine drug screen is not medically necessary. The injured worker has been utilizing Norco, Opana, Fioricet, Ambien, and Soma. The California Chronic Pain Medical Treatment Guidelines recommend using a urine drug screen to assess for the use of the presence of illegal drugs. The guidelines state for those at high risk of abuse to perform frequent random urine toxicology screens. There is a lack of documentation regarding previous urine drug screens in regard to opioid and muscle relaxant use. Therefore, due to the lack of documentation regarding previous urine drug screens, a repeat urine drug screen is not appropriate at this time. As such, the request is not medically necessary.