

Case Number:	CM14-0149023		
Date Assigned:	09/18/2014	Date of Injury:	03/18/2010
Decision Date:	10/31/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 33-year-old female who reported an injury on 03/18/2010 after breaking down a pallet of 25 pound boxes. The injured worker reportedly sustained an injury to her left upper extremity. The injured worker's treatment history included surgical intervention in 07/2010, and ultimately developed chronic regional pain syndrome. The injured worker underwent a spinal cord stimulator trial in 05/2013 that was considered successful and permanent implantation was provided. The injured worker was evaluated on 07/10/2014. It was documented that the injured worker had cervical spine pain rated at a 5/10, and was tolerating medications well and taking them regularly. Physical findings included restricted range of motion of the cervical spine secondary to pain. The injured worker also had decreased sensation in the left ulnar nerve distribution with trigger fingering in the 4th and 5th digits of the left hand. The injured worker had decreased sensation in the C5-7 distributions of the left upper extremity with 4/5 motor strength and an absent of biceps reflex and a +1/2 brachioradialis reflex on the left upper extremity. The injured worker's diagnoses included complex regional pain syndrome in the left upper extremity and status post implantation of permanent spinal cord. The injured worker's treatment plan included continuation of medications to include Ambien, Elavil, Norco, and Fioricet. It was also noted that the injured worker should continue in a home exercise program and would submit to a urine drug screen. A Request For Authorization form was submitted on 08/04/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60 1 twice a day: Upheld

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

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

Decision rationale: The request for Fioricet #60 1 twice a day is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of barbiturate containing analgesic agents in the management of chronic pain. It is noted within the documentation that the injured worker was prescribed this medication for chronic headaches. It is noted within the guideline recommendations that this is commonly used for acute headaches. However, there is a significant risk for overuse and rebound headaches. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's headaches. There is no description of frequency, duration, or intensity to support the need for medication management. Furthermore, the clinical documentation does indicate that the injured worker has been taking this medication since 02/2014. There is no evaluation of the injured worker's headaches to support the efficacy of this medication. Additionally, the request as it is submitted does not clearly identify a dosage. In the absence of this information, the appropriateness of the request cannot be determined. As such, the request for Fioricet #60 1 twice a day is not medically necessary or appropriate.