

Case Number:	CM14-0149846		
Date Assigned:	09/18/2014	Date of Injury:	01/01/1989
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 & 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:

This is a patient with a date of injury of January 1, 1989. A utilization review determination dated September 9, 2014 recommends modified certification of naproxen and noncertification of Fioricet. A progress report dated February 27, 2014 identifies subjective complaints of cervical spine pain, right shoulder pain, left shoulder pain, bilateral elbow pain, bilateral hand pain, thoracic pain, bilateral foot pain, and lumbosacral spine pain. Objective examination findings reveal reduced range of motion in the cervical spine, tenderness around the shoulders with reduced range of motion, tenderness around the lumbar spine with reduced range of motion, and normal sensory examination in the lower extremities. The diagnoses include status post cervical fusion, cervical spondylosis, radiculopathy to the left upper extremity, facet arthropathy, right shoulder pain, epicondylitis, and tendinitis in the elbows and shoulders. The treatment plan recommends Norco, Fioricet for headaches, Anaprox, and Flexeril. A progress note dated August 25, 2014 indicates that the patient takes up to 4 tablets of Norco per day, Anaprox, and Prilosec. The note indicates that Imitrex has also been beneficial in alleviating his headaches and migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Naproxen 550 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drug).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 OF 127.

Decision rationale: Regarding the request for Naproxen, the MTUS Chronic Pain Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

1 Prescription of Fioricet 50-325-40mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 23 OF 127.

Decision rationale: Regarding the request for Fioricet, the MTUS Chronic Pain Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. The MTUS Chronic Pain Guidelines go on to state that 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. As such, the currently requested Fioricet is not medically necessary.