

Case Number:	CM14-0092394		
Date Assigned:	09/19/2014	Date of Injury:	04/04/2011
Decision Date:	10/20/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/18/2014

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 50-year-old female with a date of injury of April 4, 2011. The listed diagnoses per [REDACTED] from April 7, 2014 are bilateral cubital tunnel syndrome, right carpal tunnel syndrome, possible cervical radiculopathy, and definite pathology in the right shoulder girdle muscles. According to this report, the patient complains of right shoulder and right neck pain with headaches. The examination shows the patient is well developed, well nourished. There is limited range of motion of the neck. Provocative maneuvers were not performed. Marked atrophy of the right shoulder girdle muscles and pain with restriction of shoulder motion was noted. Reflexes are 2+ and symmetric. Deep tendon reflexes are brisk throughout but not pathologic. Sensory exam is normal to light touch, position, and vibratory sense. The utilization review denied the request on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/Buta/Caff (Floriset) 325/50/40, thirty count, provided on September 23, 2011:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Floriset. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Barbituate-containing analgesic agents (BCAs).

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

Decision rationale: This patient presents with right shoulder and right neck pain with headaches. The treater is requesting Fioricet. The MTUS guidelines page 23 does not recommend Barbiturate-containing analgesic agents for chronic pain. It 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. There is a risk of medication overuse as well as rebound headache." Therefore, the request for APAP/Buta/Caff (Floriset) 325/50/40, thirty count, provided on September 23, 2011, is not medically necessary or appropriate.