

Case Number:	CM14-0110005		
Date Assigned:	08/01/2014	Date of Injury:	08/09/1997
Decision Date:	07/02/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 (IW) is a 68 year old male who sustained an industrial injury on 08/09/1997. The initial report of injury is not in the submitted medical record. The injured worker was diagnosed as having multilevel cervicalgia with right -sided radiculopathy, cervicogenic headaches, myofascial syndrome, reactive sleep disturbance, cervical muscle spasms and radicular pain in the upper extremities, right shoulder pain and headaches. Treatment to date has included a medication regimen with management by a pain management specialist. Currently, the injured worker complains of depression, anxiety and insomnia associated with chronic headaches, neck, arm, and shoulder pain. He complains of numbness and tingling in his hands bilaterally, worse on the right. His pain on a visual analog scale is rated at a 5-6/10. On examination he has cervical muscle spasms with multiple tender areas and trigger points in the upper trapezius muscle groups bilaterally. There are also spasms and tightness bilaterally in the upper rhomboid muscle groups. He has cervicogenic headaches secondary to the muscle pain and spasm. There is tenderness over C6-C7 and he is tender over the lateral epicondyle in the left upper extremity. He states he has good pain relief with the medications he currently takes with few side effects and is able to function in his necessary activities of daily living both inside and outside of his home. He takes Norco for pain, Paxil-CR for mood, Cymbalta for mood and pain, Fiorinal with codeine for headaches, Provigil for daytime somnolence, and Celebrex for general pain. There are no changes in medications. Requests for authorization are made for: Fiorinal with Codeine 50/325/40mg; Paxil CR 25mg #60; Cymbalta 60mg #30; Provigil 200mg #30; and Celebrex 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal with Codeine 50/325/40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate containing analgesic agents.

Decision rationale: The request is considered not medically necessary. Barbiturate containing analgesic agents are not recommended for chronic pain use due to high addiction potential. There is a risk of medication overuse and rebound headache. Therefore the request is considered not medically necessary.