

Case Number:	CM14-0217532		
Date Assigned:	01/07/2015	Date of Injury:	10/30/2012
Decision Date:	03/05/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 47 year old female who was injured at work on 10/30/12. Injury was to right shoulder, upper back and neck. MRI from 1/17/13 of the right shoulder showed inflammation of the supraspinatus and supraspinatus tendinosis. She underwent cervical fusion due to her injuries at C5-6 and C6-7 on 10/27/13. According to the provided clinical record she was evaluated by primary provider on 10/28/14 at which point she continues to report cervical pain that radiates to her shoulders. On physical exam she has tenderness to palpation and spasm to the cervical spine with guarded range of motion and pain on extremes of range of motion. Neurological exam was normal. Diagnoses included displaced cervical intervertebral disc and chronic pain. Plan includes trigger point injection to trapezius, MRI of brain to rule out non industrial conditions, psychology referral, and orthopedic referral for neck pain. Orthopedic evaluation on 12/9/14 she reports an aching, burning, sharp pain in the right shoulder and back. On physical exam she has positive Neer's and Hawkins with decreased range of motion. Impression is right shoulder impingement syndrome. Plan is to request physical therapy, renew pain medications and initiate celebrex 200 mg daily. There is no mention of opioid screening including urine drug screen or opioid agreement. She recently completed 5 sessions on physical therapy for her right shoulder on 1/30/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 325/50/40 MG Qty 60: 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: According to MTUS guidelines, Fioricet, a Barbiturate-containing analgesic agents is not recommended for chronic pain as 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). Additionally the patient is already on a different short acting opioid type medication, tramadol and there is no documented in the provided records to suggest that there is a significant objective improvement with short acting opioids for this patient. Consequently continued use is not supported at this time.

Prilosec 20 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines GI symptoms, page(s) 68.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use prilosec should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time Considering lack of documented necessity, the medication does not appear to be clinically necessary at this time.