

Case Number:	CM14-0059094		
Date Assigned:	07/09/2014	Date of Injury:	08/28/2000
Decision Date:	06/09/2015	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/29/2014

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: North Carolina

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 is a 50-year-old male with an industrial injury dated 08/28/2000. The mechanism of injury is documented as being hit by a falling tree branch resulting in injury to his head, cervical spine, shoulder and upper extremities. His diagnoses included post traumatic head syndrome, post traumatic tremor and post-traumatic cervical spine polyradiculopathy. Prior treatments included psychiatric evaluation, diagnostic studies and medications. He presents on 03/19/2014 with complaints of increased left shoulder pain radiating to his head for 6 months. He also complains of increased memory difficulty, right neck spasm, dizziness, depression and constant lower back pain. Objective findings include hyper reflexia of bilateral lower extremities. Treatment plan included Fioricet and Nortriptyline. Psyche referral was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of Fioricet # 40: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Fiorecet.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested service. The physician desk reference states the medication is indicated in the treatment of headaches. The patient has the diagnosis and complaints of headaches and therefore the medication is indicated and the request is medically necessary.