

Case Number:	CM15-0010375		
Date Assigned:	01/27/2015	Date of Injury:	03/28/2009
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/19/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male, who sustained an industrial injury on 03/28/2009. He has reported subsequent headaches, neck and left shoulder pain and was diagnosed with post-traumatic chronic headaches, left cervical radiculopathy, left shoulder sprain and left carpal tunnel syndrome. Treatment to date has included oral pain medications, acupuncture, epidural steroid injections and physical therapy. The medications listed are Celebrex, Hydrocodone and Fioricet. The utilization review physician indicates that office visit reports from 10/16/2013 and 12/17/2014 were reviewed however these documents were not submitted to MAXIMUS for review and the only medical documentation in the record is a qualified medical examination report dated for 05/22/2012. A request for authorization of Celebrex, Hydrocodone and Fioricet was made. On 12/24/2014, Utilization Review non-certified a request for Celebrex, noting that there was no indication of gastrointestinal complications, modified a request for Hydrocodone from 10/325 #60 with refills to 10/325 mg #30 with no refills and taper off over a month and modified a request for Fioricet from #80 with refills to #60 with tapering over 2 months with no refills. MTUS Chronic Pain Management Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #60 with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Pain Chapter Opioids

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with other sedatives. The records indicate that the patient is utilizing opioids and other sedative medications. There is lack of guidelines recommended documentation of serial UDS reports, functional restoration, absence of aberrant behavior and adverse effects. The criteria for the use of Norco 10/325mg with refills was not met.

Celebrex 200mg #30 with refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of severe pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that selective NSAIDs such as Celebrex can be utilized in patients at increased risk of NSAIDs induced gastrointestinal complications such as the elderly and those with a history of gastric disease. The records indicate that the patient was 56 years old and utilizing multiple medications. There was a history of NSAIDs induced gastric symptoms. The criteria for the use of Celebrex 200mg #30 with refills was met.

Fioricet #80 with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet, Barbiturate-containing analgesic agents (BCAs) Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Pain Chapter Headache

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of barbiturate containing medications be limited to short term periods. The chronic use of barbiturate containing medications can be associated with the development of tolerance, dependency, sedation, addiction and adverse interactions with opioids. The records indicate that the patient is on chronic treatment with Fioricet and opioids for the treatment of headache and

neck pain. There is no documentation of failure of treatment with standard preventive and abortive non addicting headache medications. The patient is utilizing opioids concurrently. There is documentation of guidelines recommended compliance monitoring measures. The criteria for the use of Fioricet #80 with refills was not met.