

Case Number:	CM15-0016837		
Date Assigned:	02/05/2015	Date of Injury:	12/16/2013
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male who reported an injury on 12/16/2013. The mechanism of injury was not provided. The documentation of 12/19/2014 revealed the injured worker had headaches that were slowly improving. The injured worker was utilizing nortriptyline for his headaches as a prophylactic headache medication and Fiorcet 3 times a day for symptomatic treatment. The diagnoses included post-traumatic head syndrome with headache, lightheadedness, memory problems and distal right upper extremity weakness and decreasing sensation all improving. The injured worker was given a prescription of nortriptyline 20 mg 1 at bedtime and the Fiorcet to take 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain and they are recommended especially if the pain is accompanied by anxiety, insomnia, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes of the use of other analgesic medications, quality, and duration as well as psychological assessments. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for headaches as a prophylaxis for headaches. The documentation indicated the injured worker had utilized the medication for a duration of time. There was however, a lack of documentation of objective functional benefit that was received. There was a lack of documentation indicating the injured worker had an objective decrease in pain and that the injured worker had been assessed regarding the use of other analgesic medications, sleep quality, duration, and psychological assessment. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for nortriptyline 20 mg #30 is not medically necessary.

Floriset TID #90: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of barbiturate containing analgesics. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. There was a lack of documentation of an objective decrease pain and there was a lack of documentation indicating the Fiorcet was to be taken 3 times a day, as it was not a prophylactic medication, it was noted to be an as needed medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the strength of the requested medication. Given the above, the request for Fiorcet 3 times a day #90 is not medically necessary.