

Case Number:	CM15-0117553		
Date Assigned:	07/01/2015	Date of Injury:	04/16/2003
Decision Date:	07/30/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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: Connecticut, California, Virginia

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 69 year old male, who sustained an industrial injury on 4/16/2003. He reported cumulative trauma injuries to multiple body parts. Diagnoses include gastroesophageal reflux disease, multiple cervical spine surgeries, right eye retinal detachment, right eye cataract extraction, status post right shoulder arthroscopy x 2, bilateral knee arthroscopies, amputation of the left hand ring finger; and status post cervical fusion. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, he complained of ongoing neck pain associated with headaches and ringing in the ears. He also complained of ongoing pain in bilateral shoulder and triggering of the right long and ring fingers. He also complains of symptoms of dysphasia. On 5/28/15, the physical examination documented no new acute findings. The provider documented that there was no post-operative physical therapy initiated after cervical surgery. The plan of care included twelve (12) physical therapy sessions for the cervical spine, twice a week for six weeks; and Fioricet 50/325mg, one tablet two to three times a day #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50-325-40 #90: Upheld

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

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

Decision rationale: The MTUS does not recommend barbiturate-containing analgesics for chronic pain. The potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Therefore, based on the guidelines and lack of evidence to support use of Fioricet in chronic pain, the decision to modify the request per utilization review in order to facilitate weaning is reasonable, and the request to continue treatment is not considered medically necessary.

Physical therapy 2 times per week for 6 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): s 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pages 58-59) indicate that manual therapy and manipulation are recommended as options in musculoskeletal pain. With respect to therapeutic care, the MTUS recommends close monitoring for evidence of objective functional improvement. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement prior to the completion of 12 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 12 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.