MAXIMUS Federal Services

Case Number:	CM15-0122261		
Date Assigned:	07/06/2015	Date of Injury:	10/14/2014
Decision Date:	08/04/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/24/2015

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, New York, California
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 applicant is a represented 55-year-old who has filed a claim for chronic low back, neck, wrist, knee, and ankle pain with derivative complaints of posttraumatic headaches reportedly associated with an industrial injury of October 14, 2014. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for Fioricet and omeprazole. The claims administrator referenced progress notes of May 27, 2015 and May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of neck, wrist, ankle, mid back, low back, and ankle pain. Severe daily headaches were reported. The applicant was severely obese, standing 6 feet 2 inches tall and weighing 350 pounds. The applicant had ancillary issues with anxiety disorder and depression, it was reported. The applicant had undergone earlier shoulder surgery, an appendectomy, and a wrist surgery, it was reported. The applicant was off of work, it was reported in the social history section of the note. The applicant was kept off of work on this date while Omeprazole, Motrin, Fioricet, and Percocet were renewed and/or continued. The applicant was also using prazosin and Desyrel through another provider, it was acknowledged. The treating provider seemingly suggested that Omeprazole was being employed for cytoprotective effect as opposed to for actual symptoms of reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital-Caff-Acetaminophen-Cod 50-325-40-30mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: No, the request for Fioricet (butalbital-caffeine-acetaminophen-codeine) was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are "not recommended" in the chronic pain context present here. Here, the attending provider did not furnish a clear or compelling rationale for usage of Fioricet, a barbiturate-containing analgesic, in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Similarly, the request for Omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on his May 27, 2015 progress note that Omeprazole had been employed for cytoprotective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic provision of Omeprazole. Namely, the applicant was less than 65 years of age (age 55), the applicant was only using one NSAID, Motrin, the applicant was not using NSAIDs in conjunction with corticosteroids, and the applicant had no known, stated history of prior GI bleeding or prior peptic ulcer disease. Therefore, the request was not medically necessary.