MAXIMUS Federal Services

Case Number:	CM15-0023304		
Date Assigned:	02/12/2015	Date of Injury:	10/06/1995
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 59 year old male, who sustained an industrial injury on October 6, 1995. He has reported injury from a slip and fall. The diagnoses have included chronic cervicalgia, bilateral upper extremity radiculopathic pain and recurrent myofascial strain. Treatment to date has included neck surgery, and medications. Currently, the IW complains of backache with radiation into the legs. Physical findings are noted as restriction of neck range of motion, no reflex, sensory, or moto deficits in the upper extremity. On January 9, 2015, Utilization Review non-certified Fioricet with codeine 50-325mg-40mg-30, one tablet every week. The MTUS guidelines were cited. On February 6, 2015, the injured worker submitted an application for IMR for review of Fioricet with codeine 50-325mg-40mg-30, one tablet every week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Firoricet with codeine 50mg - 325mg - 40mg - 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics Page(s): 63, 56-57, 74-97.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- opioids.

Decision rationale: The medical records indicate a chronic pain condition but does not indicate specific functional gain in relation to ongoing opioid therapy. There is no indication of objective functional benefit in regard to the treatment in terms of ADLs. ODG guidelines support opioids for short term use when there is demonstrated functional gain and ongoing opioid mitigation. As the medical records do not support these being present, the medical records do not support opioid therapy.