

Case Number:	CM15-0065365		
Date Assigned:	04/13/2015	Date of Injury:	10/06/2010
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/07/2015

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 41-year-old female, who sustained an industrial injury on 10/06/2010. She reported an injury to her left wrist with radiation of pain up her left arm. The injured worker is currently diagnosed as having left upper extremity chronic regional pain syndrome. Treatment to date has included cervical spine MRI, left shoulder MRI, left wrist MRI, left humerus MRI, electrodiagnostic studies, cervical epidural injections, ganglion blocks, and medications. In a progress note dated 02/10/2015, the injured worker presented with complaints of pain in her bilateral upper extremities, neck, back, and knees. The treating physician reported requesting authorization for Fiorinal, Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal capsules 50-325-40mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics BCA's Page(s): 23.

Decision rationale: This patient has a date of injury of 10/06/10 and presents with chronic bilateral upper extremities, neck, low back and bilateral knee pain. The Request for Authorization is not provided in the medical file. The current request is for Fiorinal Capsules 50-325-40MG #60 With 2 Refills. The MTUS Guidelines page 23, regarding Barbiturate containing analgesics BCA's- such as Fiorinal - states: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists 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." The patient has been prescribed Fiorinal since at least 09/16/14. There are general statements of medication efficacy; however, MTUS does not support Barbiturate-containing analgesic agents for chronic pain due to high abuse-risk potential, dependence risk, and a risk of rebound headaches following administration. Therefore, the request is not medically necessary.

Norco tablets 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 10/06/10 and presents with chronic bilateral upper extremities, neck, low back and bilateral knee pain. The Request for Authorization is not provided in the medical file. The current request is for Norco Tablets 10-325MG #120. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been utilizing Norco since at least 09/16/14. Progress report dated 11/11/14 states that pain is decreased and function is improved with medication and without them she would have significant difficulties tolerating ADL's. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in specific ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, the treating physician states that there are no aberrant behaviors; however, CURES reports or urine drug screens are not provided, as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Prilosec DR 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: This patient has a date of injury of 10/06/10 and presents with chronic bilateral upper extremities, neck, low back and bilateral knee pain. The Request for Authorization is not provided in the medical file. The current request is for Prilosec DR 20MG #30 with 3 refills. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. The patient has been prescribed Prilosec since at least 09/16/14. Current medications include Norco, Topamax, Cymbalta and Fiorinal. There is no further discussion regarding the use of this medication. In this case, there is no documentation of dyspepsia or GI issues to warrant the use of omeprazole. Routine prophylactic use of PPI without documentation of gastric issues is not supported by MTUS Guidelines without GI assessment. The requested Prilosec is not medically necessary.