

Case Number:	CM15-0093424		
Date Assigned:	05/19/2015	Date of Injury:	11/18/2010
Decision Date:	07/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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, Pain Management, 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 50-year-old male who sustained an industrial injury on 11/18/10 when he injured his head, neck, shoulders, right elbow, right wrist and psyche due to boxes falling on him while loading a trailer with a pallet jack. He currently complains of bilateral shoulder pain (right shoulder pain radiates down his extremity), bilateral arm and elbow pain, bilateral wrist pain (he wears a brace on his right hand), cervical headache and generalized pain in most other body parts. He rates his pain at 5-8/10. He has difficulty sleeping. Physical exam of the cervical spine reveals tenderness of bilateral cervical paraspinal region, positive Spurling's on the right; shoulders reveal decreased range of motion, positive impingement on the right. He reports anxiety and stress. Medication helps relieve his symptoms. He has difficulty with activities of daily living that include bending, cleaning, walking, turning, typing, dressing and driving. Diagnoses include right shoulder impingement syndrome; right shoulder rotator cuff tear status post right shoulder diagnostic arthroscopy, Mumford shoulder surgery (10/14/14); status post failed manipulation right shoulder X2; lumbar intervertebral disc disorder with myelopathy; sciatica, status post epidural steroid injection X1 failed to provide lasting relief. Diagnostics include MRI of the lumbar spine (1/15/15); MRI of the right shoulder (1/15/15) showing tendinitis of the rotator cuff with a 3 mm oblique linear tear in the superior inferior orientation involving the anterior aspect of the supraspinatus tendon and post-surgical changes with metallic screw transfixing the humeral head, osteoarthritis of the acromioclavicular joint. In the progress note dated 3/6/15 and 4/9/15 the treating provider's plan of care includes requests for Fioricet

50/325 mg # 90 for pain; FCL: flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, capsaicin 0.0375%, hyaluronic acid 0.20% apply to affected area to reduce pain, increase function and mobility and decrease the need of additional oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic Acid 0.20%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics - non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS 2009 states that topical analgesic agents are experimental with no proven efficacy or safety. There is no evidence that this topical agent is as safe or as effective as readily available over the counter agents. The medical records do not explain why care for this patient cannot be provided while adhering to evidence based guidelines. Therefore, this request for FCL is not medically necessary.

Fioricet 50-325-40 po q6 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines barbiturates Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement. The patient has been prescribed Fioricet without any improvement in pain-limited function. This request for Fioricet does not adhere to MTUS 2009 and is not medically necessary.