MAXIMUS Federal Services

Case Number:	CM15-0098179		
Date Assigned:	05/29/2015	Date of Injury:	01/02/1991
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 67 year old male who sustained an industrial injury on 01/02/1991. The injured worker was diagnosed with lumbar degenerative disc disease, osteoporosis, and compression fractures of the lumbar spine, depression and headaches. The injured worker was also diagnosed with recent new onset Parkinson's disease according to the April 22, 2015 medical report. Treatment to date includes diagnostic testing, surgery, intrathecal pump placement in 2000, physical therapy and long-term medications usage. The injured worker underwent bilateral carpal tunnel release and ulnar nerve transposition right upper extremity (no date documented) and radiofrequency ablation from 2006-2008. According to the primary treating physician's progress report on April 22, 2015 and April 30, 2015, the injured worker is followed-up for intrathecal medication management. Due to an underlying ophthalmology condition, the injured worker needed to have intrathecal Baclofen doses reduced. The injured worker has had no adverse effects or increase in spasm from the decrease. Objective findings consisted of a severe kyphotic spine with scoliosis and a forward flexion when standing. Significant facial grimacing was noted with movement. Current medications are listed as Morphine Sulfate, Opana, Cymbalta, Lunesta, Fioricet, Wellbutrin, Lidoderm Patches and laxatives. Intrathecal pump medications consist of Hydromorphone, Fentanyl, Baclofen and Bupivacaine. The treatment plan is for continued pain management follow-up and the current request for Fioricet and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet, Barbiturate-containing analgesic agents (BCA's) Page(s): 23, 47.

Decision rationale: Fioricet is a barbiturate-containing analgesic agent and is not recommended per MTUS guidelines. According to the MTUS guidelines, the potential for dependency is high and there is no evidence to support an enhancement of analgesic efficacy. Therefore, the above listed issue is considered not medically necessary.

Naproxen EC 375mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAID's GI symptoms & cardiovascular risk, NSAID's specific drug risk Page(s): 66, 68-69, 70-73.

Decision rationale: The patient's treatment plan includes a prescription for Naproxen. This patient has documented evidence of chronic low back pain. According to MTUS Guidelines for NSAID's such as Naproxen "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAID's) in chronic LBP." Naproxen is a non-steroidal anti-inflammatory drug. MTUS Guidelines state NSAID's are recommended as an option for short-term symptomatic relief of chronic low back pain. NSAID's are also recommended with caution for the shortest duration of time consistent with the patient treatment goals. Therefore, the above listed issue is considered to be medically necessary.