

Case Number:	CM13-0006852		
Date Assigned:	12/27/2013	Date of Injury:	02/03/2012
Decision Date:	05/27/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old female who reported an injury on 02/03/2012. The mechanism of injury was cumulative trauma. The diagnosis included tension headache. The documentation of 07/03/2013 revealed the injured worker had neck pain rated a 5/10. The injured worker had headaches since the work injury. The injured worker indicated the headaches were throbbing and hurt more on the left side than the right side of the head. The injured worker indicated she had photophobia and denied tinnitus. The injured worker had nausea with headaches but denied emesis. The injured worker was tolerating a 20 mg dose of Elavil and would like to increase the dose for the headaches as she was still having 7/10 to 8/10 headaches. The diagnosis included migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET 325/50 - 40 MG TABS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS (head) Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAS), Page(s): 23.

Decision rationale: California MTUS Guidelines do not recommend barbiturate-containing agents as 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. The request as submitted failed to indicate the frequency for the requested medication. The duration for medication use could not be established. There was no DWC Form RFA nor PR-2 submitted with the requested medication to indicate the date the medication was prescribed. The request as submitted failed to indicate the quantity of medication being requested and the frequency of use. Given the above, the request for Fioricet 325/50-40 mg tabs is not medically necessary.