

Case Number:	CM13-0028584		
Date Assigned:	11/27/2013	Date of Injury:	07/27/2005
Decision Date:	03/05/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is represented [REDACTED] employee, who has filed a claim for chronic shoulder, chest wall pain, and migraine headaches reportedly associated with an industrial injury of July 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; prior shoulder rotator cuff repair surgery; barbiturate containing analgesics for migraine headaches; and extensive periods of time off of work. In a Utilization Review Report of September 17, 2013, the claim administrator denied a request for Fioricet. The claims administrator's Utilization Review Report has been truncated. The entire report is not available for review. In a September 28, 2013, appeal letter, the applicant appealed the denial of Fioricet and stated that she was angry that this medication was being contested as both a QME and a worker's compensation judge apparently endorsed the prescription. In a progress note of September 3, 2013, the applicant apparently presented with pain ranging from 3 to 9/10. The applicant presented in a wheelchair. The applicant weighs 181 pounds. The applicant is on Fioricet, Norco, Flexeril and Nexium. Limited lumbar range of motion with painful tender points is noted. The applicant is wheelchair-bound. The applicant is placed off of work, on total temporary disability, and given a renewal prescription for Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ninety (90) Fioricet 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are not recommended for chronic pain, as is present here. In this case, the applicant had already uses Fioricet for a lengthy amount of time, despite the unfavorable MTUS recommendations. There was no demonstration of functional improvement as defined in MTUS 9792.20f despite prior usage of Fioricet. Significant impairment persisted. The applicant remained wheelchair-bound. The applicant remained highly reliant on various other medications, including Norco and Flexeril. Finally, the applicant remained off of work, on total temporary disability. All of the above, taken together, imply that prior usage of Fioricet was unsuccessful. Therefore, the request remains noncertified, on Independent Medical Review.