

Case Number:	CM13-0040924		
Date Assigned:	03/21/2014	Date of Injury:	05/02/2005
Decision Date:	10/15/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/23/2013

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 Emergency 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 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 patient with reported date of injury on 5/2/2005. No mechanism of injury was provided for review. Patient has a history of myalgias, thoraco-lumbar neuritis/radiculitis, headaches, cervical disc disease, brachial neuritis, postlaminectomy syndrome of cervical region and cervicalgia. Patient is post cervical fusions, L shoulder surgeries and R shoulder surgeries. Medical reports reviewed. Last report available until 10/17/13. Patient complains of chronic neck pains as well as chronic headaches. Pain is stable and chronic. Pain is 8-9/10 and improves to 3-4/10 with medications. Objective exam reveals L cervical spasms and decreased strength in left upper extremity. There was decreased sensation to L upper extremity. No advance imaging or electrodiagnostic studies provided for review. Medications include MS Contin, Trazadone, Zoloft, simvastatin and Xanax. Independent Medical Review is for Fioricet 50/325/40mg #90(3refills). Prior UR on 10/23/13 recommended denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50-325-40mg tabs one by mouth three times a day as needed for headaches #90 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate-Containing Analgesic Agents.

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

Decision rationale: Fioricet contains caffeine, acetaminophen and butalbital, a barbiturate. It may be useful for acute migraine attacks. As per MTUS chronic pain guidelines, barbiturates are not recommended for chronic pain due to high risk of dependence, risk of overuse, rebound headaches and no evidence of clinical improvement. Patient is on this medication chronically and the prescription is excessive and shows no plan to wean patient off an inappropriate medication. Fioricet is not medically necessary.