

<b>Case Number:</b>	CM13-0042165		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	09/23/1997
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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, has a subspecialty in Interventional Spine 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:

This patient is a 66 year-old female with date of 09/23/1997. Per the treater's report of 07/19/2013, presenting symptoms are abdominal pain, bloating, acid reflux from medication. Patient has headaches and severe neck pain, radiation down to the mid and low back, down the arms, also buttocks, legs and feet. Patient essentially has total body pain. Listed diagnoses are: 1. Lumbar radiculopathy. 2. Cervical strain and sprain. 3. Chronic pain syndrome. 4. Chronic pain-related insomnia. 5. Severe myofascial syndrome. 6. Neuropathic pain. 7. Prescription narcotic dependence. 8. Chronic pain-related depression and anxiety. 9. Total body pain. Under treatment and discussion, patient was to continue Fioricet 1 every 6 to 8 hours for headaches. Patient was instructed to take this rarely to avoid rebound headaches #30. Report from 06/28/2013 recommends Fioricet also every 6 hours, #45. On 04/24/2013, #30 of Fioricet was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESIC AGENTS (BCAs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESIC AGENTS (BCAs)..

**Decision rationale:** This patient presents with total body pain including headaches. The treating physician has been prescribing Fioricet on a monthly basis anywhere from #30 to #45. MTUS guidelines states the following regarding barbiturate-containing analgesic agents, "Not recommended for chronic pain. 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. There is a risk of medication overuse as well as rebound headaches." Given the lack of support for use of barbiturate-containing analgesic agents, per the MTUS guidelines, recommendation is for denial. Review of the reports show that this patient has been prescribed Fioricet, which contains barbiturate, on a monthly basis.