

Case Number:	CM13-0042380		
Date Assigned:	12/27/2013	Date of Injury:	04/26/2013
Decision Date:	02/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 58-year-old male who reported injury on 04/26/2013. The mechanism of injury was stated to be the patient and a coworker unloading a motor steel platform walker (that weighted approximately 80 pounds) from a company truck. As the patient lowered the motor steel walker halfway down the truck, he felt a severe painful pulling sensation to the neck, right shoulder, and lower back. The patient's diagnoses were noted to be strains and strains of the shoulder and upper arm. The request was made for Fioricet for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTR/APAP/CAFF (Fioricet) for headaches: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend barbiturate-containing analgesics for pain. The medication was noted to be prescribed for headaches. There was a lack of documentation, per the submitted request, for the quantity of medication being requested. Additionally, there was lack of documentation of exceptional factors to warrant nonadherence to

guideline recommendations. Given the above, the request for BUTR/APAP/CAFF (Fioricet) for headaches is not medically necessary.