

Case Number:	CM13-0050465		
Date Assigned:	12/27/2013	Date of Injury:	05/07/2012
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/13/2013

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 54-year-old female who reported injury on 05/07/2012. The mechanism of injury was stated to be the patient was stopped at a light and was hit from behind and pushed into the truck in front of her in the line of cars. The patient's medications were listed Fiorcet 50 mg per 325 per 40mg. The patient's diagnoses were noted to include upper back pain, shoulder pain, neck pain and headache. The request was made for Fiorcet #60 and 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorcet #60 with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates. Decision based on Non-MTUS Citation www.drugs.com/fiorcet.html.

Decision rationale: The California MTUS Guidelines indicate that barbiturate-containing analgesic agents are not recommended for chronic pain. Per Drugs.com Fiorcet contains a combination of acetaminophen, butalbital and caffeine. Butalbital is a barbiturate. The patient was noted to have headaches. There is a lack of documentation indicating the efficacy of the requested medication. Additionally, there is a lack of documentation indicating the patient would

have a necessity for 60 tablets as the medication is generally taken on a PRN basis. However, as previously stated there was lack of documentation indicating the efficacy of the requested medication. Given the above, the request for Fiorcet #60 with 1 refill is not medically necessary.