

Case Number:	CM13-0050529		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2002
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/13/2013

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 Pediatric Rehabilitation Medicine 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 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 is a 53-year-old male who reported an injury on 05/02/2002. The mechanism of injury was not provided in the medical records. His diagnoses include cervical/trapezial musculoligamentous strain/sprain, bilateral upper extremity radiculitis, thoracic musculoligamentous sprain/strain, status post right shoulder arthroscopy with subacromial decompression and rotator cuff repair, right wrist had tendonitis, history of left knee pain, and migraine headaches. His medications were noted to include Sumatriptan, Fioricet, gabapentin, Norco, and naproxen. A 12/20/2013 clinical note indicated that the patient was being prescribed Fioricet to be taken every 6 hours as needed for headache in the treatment of chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF FIORCET: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

Decision rationale: According to the California MTUS Guidelines, before prescribing any medication for chronic pain, the aim of use of the medication should be determined; the potential benefits and adverse effects should be discussed; and the patient's preference should be determined. The clinical information submitted for review indicated that the patient was prescribed Fioricet for the treatment of his headaches. However, the request for Fioricet did not indicate the dose, frequency, or quantity being requested. In the absence of this information, the request is not supported.