

<b>Case Number:</b>	CM13-0053060		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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:

This is a 43-year-old female injured worker with a date of injury of 11/01/2011, and the mechanism of injury occurred when the injured worker started to have pain in her face. Within hours, the injured worker reported having palpitations and shortness of breath and describe the pain as unbearable. The injured worker reportedly passed out prior to getting to the physician and was then diagnosed with a sinus infection and was given antibiotics. After arriving home, the injured worker continued with ongoing pain and then ended up going to the hospital and was diagnosed with gingivitis and was given more pain medication. The injured worker's face began to swell. She returned to the hospital, and the injured worker reported working for a shelter where she was informed that she had been exposed to others with HIV, AIDS and TB. Also, the injured worker had reportedly been exposed to a client at the shelter with an MRSA infection. On 09/05/2013, the injured worker reported no improvement in sleep and continued with bone pain, weakness and general malaise. The diagnoses were cellulitis and abscess of face and osteomyelitis of the jaw secondary to MRSA. On 10/03/2013, the injured worker continued to note no change in her sleep, bone pain or weakness associated with general malaise. The injured worker also complained of headaches as well as blurry vision. Medications listed were lisinopril, Gaviscon, Citrucel and with Fioricet newly prescribed, there was no noted change in pain level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet Page(s): 47.

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

**Decision rationale:** The CA MTUS Guidelines state not recommended for chronic pain and there is a potential for drug dependence; also, and risk for rebound headaches. The request for Fioricet #90 is non-certified. On 09/05/2013, it was reported that the injured worker had been on Norco and self-weaned and reported no change in pain. On 10/03/2013, it was noted the new order for Fioricet and still the injured worker continued to complain of pain. The California MTUS Guidelines do not recommend the medication for chronic pain and evidence of its efficacy also recommended which was not noted. The injured worker reported headaches, and the guidelines indicate that use of the medication could cause rebound headaches. There should be ongoing monitoring for analgesia, activities of daily living, and adverse side effects. As such, the request is non-certified.