

Case Number:	CM13-0061345		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2006
Decision Date:	05/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 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:

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 44 year-old male who was injured on 11/03/2006 while he was attempting to pull a large piece of plywood when he felt his "back crack" and the onset of low back pain. He states Final Determination Letter for IMR Case Number [REDACTED] 3 that he also had neck pain at the same time. He states that shortly thereafter he developed severe bilateral lower extremity symptoms. Prior treatment history has included medial branch block to the cervical spine in the past. He was most recently diagnosed with a MRSA infection and was placed on antibiotics. His medications include tramadol 50 mg 4 times a day, Robaxin 750 mg as needed and Fioricet as needed. He has had acupuncture treatment for neck and head pain. Diagnostic studies reviewed include MRI of the cervical spine dated 09/15/2011. PR-4 dated 11/25/2013 documented objective findings to reveal his gait appears normal. He is able to heel and walk. There is tenderness to palpation of the cervical and lumbar spine. Neurological examination revealed upper and lower extremity sensation intact. Upper extremity motor strength is 5/-5 bilaterally, limited by pain. Lower extremity strength is 5/5/ Hyporeflexic bilateral biceps, brachioradialis, triceps, patellar and Achilles. Straight leg raise test is negative bilaterally. Slump test is negative bilaterally. Lasegue's and L'hermitte are negative. Spurling's is negative bilaterally. There is pain with facet loading in the cervical spine, greater on the left than the right side at approximately C3-4, C4-5. Diagnoses: 1. HNP of cervical spine with stenosis. 2. Facet hypertrophy of cervical spine. 3. Chronic low back pain. 4. Multilevel degenerative disc disease, lumbar spine. Treatment Plan: The patient should continue to modify home activities as needed, and continue with a home exercise program as tolerated. In regards to medications, the patient was prescribed Tramadol 50 mg one by mouth every 4 hours as needed for pain #180, Fioricet 50/325/40 one by mouth every 12 hours as

needed for headaches #45, and Robaxin 750 mg one by mouth twice daily as needed for muscle spasms #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET 50/325/40 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE CONTAINING ANALGESIC AGENTS (BCA) Page(s): 23.

Decision rationale: As per CA MTUS Medical Guidelines, Fioricet (barbiturate-containing analgesic agents) is 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 headache. In this case, this patient has chronic neck and lower back pain and guidelines do not recommend this medication for chronic pain. Thus, the medical necessity has not been established and the request is not-certified.