MAXIMUS Federal Services

Case Number:	CM13-0065363		
Date Assigned:	01/03/2014	Date of Injury:	05/02/2005
Decision Date:	05/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient is a 54 year old male who was injured on 05/02/2006. The mechanism of injury is unknown. PR-2 dated 11/04/2013 indicated the patient presented with complaints of chronic, severe neck pain related to his history of failed neck syndrome with chronic cervical symptoms as well as chronic headaches. He denied any significant changes in his neck and radicular complaints. The patient reported the same pain intensity with no change in distribution. He continued to benefit from the current medication regimen. The average pain without medications was a 8-9/10; with medications 3-4/10. The pain rated at this visit was 4/10. The patient was diagnosed with unspecified myalgia; thoracic/lumbosacral neuritis/radiculitis; cervical disc D/O with myelopathy in the cervical region; brachial neuritis or radiculitis NOS; Degeneration of cervical intervertebral disc; and post-laminectomy syndrome of the cervical region and cervicalgia. PR-2 dated 04/15/2013 documented the patient to have complaints of chronic, severe neck pain related to his history of failed neck syndrome with chronic cervical symptoms as well as chronic headaches. The patient was in for a refill of his medications. He stated his pain was the same distribution and intensity as previously noted. The average pain without medications was an 8/10; with the medications, 3-4/10. For this visit, the pain was rated at 4/10. His medications were MS-Contin and Trazodone HCL, 50-325, 40 mg, Zoloft 100 mg, simvastatin 10 mg, and Xanax 0.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET 50-325-40 MG #90 WITH THREE (3) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing Analgesics (BCAs), Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, and information from the FDA.

Decision rationale: According to the evidence-based guidelines, Fioricet 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. Further, the indicated use for Fioricet is for the relief of the symptom complex of tension (or muscle contraction) headache. The medical records document the patient started the medication in April 2013 for chronic headaches. There was no other documentation as to the type of headache. Based on the lack of documentation to support the use of a medication for tension headaches, medical necessity has not been established.