MAXIMUS Federal Services

Case Number:	CM14-0001195		
Date Assigned:	01/22/2014	Date of Injury:	10/21/2007
Decision Date:	10/15/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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 medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/27/2013, lists subjective complaints as pain in the neck that radiates to bilateral upper extremities. Objective findings: Examination of the cervical spine revealed spinal vertebral tenderness at the C4-7 level. Range of motion of the cervical spine was moderately reduced secondary to pain. Cervical myofascial tenderness was noted on palpation. Sensory and motor examinations revealed no change. Diagnosis: 1. Cervical radiculopathy 2. Cervical failed surgery syndrome 3. Status post cervical fusion 4. Headaches 5.chronic pain, other. The patient is status post anterior cervical discectomy and fusion on 10/02/2009. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital/APAP/Caffeine 50/325/40 MG # 30 Every Twelve Hours as Needed QTY 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Barbiturate-containing analgesic agents (BCAs)

Decision rationale: The Official Disability Guidelines do not recommended Fioricet 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. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. As such, the request is not medically necessary and appropriate.