

Case Number:	CM14-0002938		
Date Assigned:	01/24/2014	Date of Injury:	04/26/2013
Decision Date:	08/08/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This patient is a 58-year-old male with date of injury of 04/26/2013. Per treating physician's report 08/19/2013 which is handwritten with check marks next to C-spine, L-spine, right shoulder. Prescription was for BUT APAP/caffeine for headaches. This report has a listed diagnoses of: 1. Sprain/strain of the neck. 2. Sprain/strain of the shoulder. 3. Shoulder with bursa and tendon unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUT/CPAP/CAFFEINE/ FOR HEADACHE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 47- Fioricet/Opiods, Barbiturate-containing analgesic agents (BCAs), page 23 Page(s): 23,47.

Decision rationale: This patient presents with chronic neck and shoulder pain. There is a prescription and recommendation for what appears to be Fioricet which contains barbiturate along with caffeine. MTUS Guidelines states under barbiturate-containing analgesic agents, "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 with BCA due to barbiturate constituents. There is a risk of medication overuse as well as rebound headaches". Given that barbiturates are not recommended for any chronic pain condition, the request is not medically necessary and appropriate.