

Case Number:	CM14-0002967		
Date Assigned:	07/02/2014	Date of Injury:	02/01/2008
Decision Date:	10/31/2014	UR Denial Date:	12/02/2013
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 Physical Medicine and Rehabilitation, 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:

The patient is a 46 years old female with an injury date on 02/01/2008. Based on the 10/28/2013 supplement report provided by [REDACTED], the diagnoses are: 1. Status post cervical spine surgery in 10/2011. 2. Status post lumbar spine surgery in 06/2011. 3. Status post right shoulder open rotator cuff surgery in 2008. 4. Status post right carpal tunnel release surgery in 06/2008. 5. Status post left carpal tunnel release in 2004. 6. Cervicalgia. 7. Low back syndrome. 8. Insomnia, referred to appropriate specialist. 9. Anxiety, referred to appropriate specialist. 10. Hypertension, referred to appropriate specialist. 11. Dental issue, referred to appropriate specialist. 12. Nausea/vomiting referred to appropriate specialist. According to this report, the patient complains of right shoulder pain and neck/ low back pain that radiates to the bilateral extremities. The patient also complains of anxiety, depression, dental complaints, headaches, dizziness, blurry vision, decreased balance nausea, and vomiting. The patient has received 4 epidural steroid injections to the neck, 3 epidural steroid injections to the low back and 4 cranial/cervical spine injections. The 07/08/2013 report indicates a restricted lumbar range of motion, grip strength of the right hand is 8, 8, and 6 kg and left hand is 12, 10, and 10kg. Valsalva test, Kemp's test, and straight leg raising test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 12/02/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 04/08/2013 to 10/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET ONE TABLET THREE TIMES A DAY AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Fioricet Page(s): 47 and 23,.

Decision rationale: According to the 10/28/2013 report by [REDACTED] this patient presents with right shoulder pain and neck/ low back pain that radiates to the bilateral extremities. The treater is requesting Fioricet one tablet three times a day as needed. Regarding Fioricet, MTUS states "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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)." In this case, the patient presents with chronic neck and low back pain. The requested Fioricet is not supported by the guidelines. Therefore, Fioricet One Tablet Three Times a Day as needed is not medically necessary.