

Case Number:	CM14-0003450		
Date Assigned:	01/31/2014	Date of Injury:	09/06/2005
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 59-year-old with a reported date of injury September 6, 2005. The worker as injured while working as a bus driver fell down the steps of the bus bruising her buttock area and increase her neck and low back pain. An MRI of the cervical spine performed on October 10, 2005, indicated degenerative disc disease with disc protrusion at C5-C6 and minimally at C6-C7. Moderate central and bilateral foraminal stenosis at C5-C6. There is also face arthropathy at C3-C4 through C6-C7 and with moderate foraminal stenosis bilateral from C4-C5 through C6-C7. An MRI of the lumbar spine performed on October 10, 2005 indicated disc protrusion at L4-L5 and at L5-S1. Evidence of facet joint hypertrophy again ad L3-L4, L4-L5, and L5-S1, more so at L4-L5. There was also moderate central and foraminal stenosis at L4 and L5. The injured worker had a right C4, C5, and C6 radiofrequency ablation performed October 21, 2013 and still getting over 50% of her right-sided neck pain. The progress noted dated November 21, 2013 reported the injured worker came in with multiple pain generators including headache, fibromyalgia including whole-body aches and pain, low back pain into the left hip, bilateral; neck pain to facet arthritis. There were no appreciable changes in her pain symptoms. The diagnoses were listed as chronic pain syndrome, anxiety disorder in conditions classified elsewhere, cervical spondylosis without myelopathy, headache, and disc displacement with radiculitis to the lumbar spine, lumbosacral spondylosis without myelopathy, depressive disorder, not elsewhere classified, displacement of cervical intervertebral disc without myelopathy, obesity, unspecified, unspecified myalgia and myositis. The prescription for Fioricet was started on November 21, 2013 and the injured worker's pain scale was worst pain 8/10, least pain 3/10 and usual pain was 5/10. The request for authorization was date November 20, 2013 for Fioricet 50/325/40mg #90 due to chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET TABLET 50/325/40 MG QUANTITY 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Barbituate-Containing Analgesic Agents.

Decision rationale: The request for Fioricet tablet 50-325-40mg quantity 90 is non-certified. Fioricet contains 50mg of butalbital, 325mg of acetaminophen and 40mg of caffeine. The injured worker was prescribed Fioricet on November 21, 2013. The Official Disability Guidelines do not recommend 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 barbituate-containing analgesic agents due to the barbituate constituents. Fioricet is commonly used to acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. The guidelines do not recommend the use of Fioricet and there is not evidence to show a clinically enhancement of analgesic efficacy. The request for Fiorcet Tablets 50/325/40 mg, ninety count, is not medically necessary or appropriate.