

Case Number:	CM14-0006116		
Date Assigned:	03/03/2014	Date of Injury:	02/24/2000
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 injured worker is a 55 year old male with a reported date of injury on 02/24/2000. The worker was almost hit and killed by a car causing a psychological injury. The progress note dated 11/07/2013 noted the injured worker had diagnoses including cervical spine discopathy, lumbar spine multilevel discopathy, lower extremity radiculitis, and chronic headaches. The injured workers medication regimen included Fioricet, Nabumetone, Omeprazole, Tramadol ER and transdermal medications. Prior treatments included shockwave therapy and gym/pool membership. The injured worker according to the progress note reported the shockwave therapy treatments were helping but he continued to remain symptomatic. The request of authorization form for Fioricet to relieve cluster headaches and/or prevent migraines was submitted on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR APAP/BUTALBITAL/CAFF 325/50/40MG
DOS:11/7/13: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601009.html#why>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Barbiturate-containing analgesic agents and Head, Migraine pharmaceutical treatment.

Decision rationale: The injured worker is taking Fioricet to relieve cluster headaches and/or prevent migraines. The Official Disability Guidelines do not recommend barbiturate-containing analgesics (Fioricet) for chronic pain. The guidelines state the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCA's 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. The guidelines do not recommend the use of Fioricet due to minimal data to support the use as well as the high risk of drug dependence as well as rebound headache possibility. The guidelines note Triptans are recommended for migraine sufferers. Additionally, the guidelines recommend triptans for migraine sufferers; it was unclear if the injured worker has tried Triptan medications. Therefore, the request is not medically necessary.