

Case Number:	CM14-0007023		
Date Assigned:	07/02/2014	Date of Injury:	09/15/2011
Decision Date:	10/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

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 Internal 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 patient is a 46 year old female who was injured on 09/15/2011. The mechanism of injury is unknown. Prior medication history included aspirin Fioricet and ibuprofen. Progress report dated 01/06/2014 indicates the patient presented with complaints of right knee pain. On exam, she has an antalgic gait on the right side. There is medial and lateral joint line tenderness. She has weakness to the knee flexion and extension secondary to pain. She is diagnosed with right knee internal derangement; chronic scapulothoracic sprain; thoracic spine disc degeneration with back pain; cervical spine sprain and lumbar spine sprain. Prior utilization review dated 01/06/2014 states the request for Fioricet is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates-Containing Analgesic Agents (BCA) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The guidelines do not recommend Fioricet for management of chronic pain. However, the guidelines do state Fioricet may be used for treatment of tension or contraction

headaches. They are generally not first line treatment and have potential for significant rebound headaches. The patient does suffer from chronic migraines and has used Fioricet for management of her headaches. The documents, however, did not provide sufficient discussion of the patient's migraine history. It is unknown what other treatments the patient has tried and failed. It is also unclear if the patient's migraines are controlled with Fioricet. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.