

Case Number:	CM14-0009243		
Date Assigned:	02/14/2014	Date of Injury:	08/06/2012
Decision Date:	06/24/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery 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 25 year old female injured on August 6, 2012. On January 9, 2014, the injured is documented as presenting with complaints of worsening headaches and noticing symptoms radiating to the hands. Previous electrodiagnostic studies have not been performed to rule out neuropathy, and referral has been placed to a neurologist. Physical therapy is currently being performed. Current diagnoses include myofascial cephalic shaft, cervical spine strain, and lumbar strain. The utilization review in question was rendered on January 22, 2014. The reviewer modified the request for Fiorocet from 60 tablets to 30 tablets for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED FIORICET 50/300/40MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , BARBITUATE-CONTAINING ANALGESIC AGENTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The MTUS specifically recommends against the use of this type of medication indicating that its the potential for dependence and a risk of rebound headache and overuse. As such, the request is considered not medically necessary.