

Case Number:	CM14-0102939		
Date Assigned:	07/30/2014	Date of Injury:	03/05/2001
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/03/2014

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 & 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 47-year-old male with date of injury of 03/05/2001. The listed diagnoses per [REDACTED] dated 06/04/2014 are diabetes mellitus, hypertension, and peripheral neuropathy, failed back anterior fusion, severe obstructive sleep apnea. According to this report, the patient is using a continuous positive airway pressure (CPAP), alternating nasal mask with pillows. The patient complains of jaw pain, clenching, and headaches. The patient also complains of low back pain radiating down to his feet with pain and cramping. He reports headaches that lasted 3 weeks with numbness in the face. The objective findings show bilateral occipital headaches, right greater than the left. There is decreased pinprick/light touch sensation to the lower extremity. The utilization review denied the request on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet. qty 40: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The MTUS and ACOEM Guidelines do not address this request however the Official Disability Guidelines (ODG) on barbiturate-containing analgesic agents (BCAs) states that it is 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 barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The records show that the patient was prescribed Fioricet on 06/04/2014. In this case, ODG does not support the use of barbiturates for the treatment of chronic pain therefore Fioricet #40 is not medically necessary.