

Case Number:	CM14-0103634		
Date Assigned:	08/01/2014	Date of Injury:	04/09/2003
Decision Date:	09/24/2014	UR Denial Date:	06/25/2014
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, Pain 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 injured worker is a 47 year old female who reported an injury on 04/09/2003 while lifting a gallon of paint. On the clinical report dated 06/16/2014 the injured worker was diagnosed with radiculopathy - lumbar spine, degenerative disc disease of the lumbar, lumbosacral spondylosis without myelopathy, and lumbar disc disorder. The injured worker was treated with medications and a dorsal column stimulating implant. The injured worker had a spinal cord stimulator trial x2 on unknown dates. The injured worker complained of low back pain radiating to right lower extremity and severe headaches rating her pain 9/10, 9/10 at its best and 10/10 at its worst. The injured worker had 10 percent tolerance to complete activities of daily living. The injured worker was prescribed Oxycontin extended release 60 mg three times a day as needed for 14 days, Fioricet 50/325/40 mg twice a day as needed for 14 days, and Norco 10/325 mg 2 tablets three times a day as needed for 14 days. The treatment plan was for Fioricet 50 mg- 325 mg- 40mg twice a day #28 for the lumbar spine for weaning of all pain medications. The request for authorization was submitted for review on 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50mg-325mg-40mg BID #28 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate, containing analgesic agents (BCAs) Page(s): 75-80,23.

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

Decision rationale: The injured worker is diagnosed with radiculopathy lumbar spine, degenerative disc disease of the lumbar, lumbosacral spondylosis without myelopathy, and lumbar disc disorder. The injured worker complains of low back pain radiating to right lower extremity and severe headaches rating her pain 9/10, 9/10 at its best and 10/10 at its worst. The injured worker had 10 percent tolerance to complete activities of daily living. The California MTUS guidelines do not recommend barbiturate-containing analgesic agents 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 the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Fioricet 50mg-325mg-40mg BID #28 for the lumbar spine is not medically necessary.