

Case Number:	CM14-0010161		
Date Assigned:	02/21/2014	Date of Injury:	11/19/2002
Decision Date:	06/25/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 51-year-old female who reported an injury on 11/19/2002 secondary to a fall. The clinical note dated 01/23/2014 reported the injured worker complained of neck pain with radiation into the bilateral upper extremities and headaches. The injured worker also reportedly complained of chronic low back pain with radiation to the lower extremities. It was noted that the injured worker's previous treatments included physical therapy, a home exercise program, a cervical collar, massage therapy, epidural steroid injections, acupuncture, and chiropractic care. The injured worker's medication regimen reportedly included Baclofen, Omeprazole, Lidoderm patch, Fioricet, Venlafaxine ER, docusate sodium, Buprenorphine, and quetiapine fumarate. The injured worker's diagnoses included lumbago, cervical spondylosis without myelopathy, neuritis, and lumbar disc displacement without myelopathy. The Request for Authorization for Fioricet was submitted on 01/24/2014 to help the injured worker with headaches and not for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET CODEINE CAPSULES 325;50;40MG QTY:45.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BARBITURATE-CONTAINING ANALGESIC AGENTS, 23

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Barbiturate-containing analgesic agents (BCAs), Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Migraine pharmaceutical treatment.

Decision rationale: The request for Fioricet codeine capsules 325;50;40 mg, quantity 45, is non-certified. The California MTUS Guidelines do not recommended Fioricet codeine capsules for chronic pain. The potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The guidelines also state there is risk of overuse with this medication as well as the occurrence of rebound headaches. In addition, the Official Disability Guidelines recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan) are effective and well tolerated and a poor response to one triptan does not predict a poor response to other agents in that class. Within the clinical information, provided for review, it was noted the injured worker has been utilizing the requested medication since approximately 03/2013 and has received "benefit and improved function"; however there is a lack of documentation of quantifiable pain relief or significant functional gains made with the medication. It was also noted the injured worker has tried the ODG recommended sumatriptan; however, there is a lack of submitted evidence to include, an intolerance or unresponsiveness to the recommended sumatriptan or other drugs in that classification. Therefore, the request for Fioricet codeine capsules 325;50;40, quantity 45, is not medically necessary or appropriate.