

Case Number:	CM14-0012015		
Date Assigned:	03/17/2014	Date of Injury:	03/06/2009
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 60-year-old male who reported an injury on 03/06/2009 and the mechanism of injury was not provided in the medical records. Per the clinical note dated 01/16/2014, the injured worker reported significant benefit from the lumbar spine surgery that was performed on 04/27/2012. The injured worker underwent a left hip replacement on 10/30/2012. The physician reported the injured worker remained symptomatic with headaches that occur on an average of 3 days per week. The headaches are relieved completely within 30 minutes with the use of Fioricet. On physical examination, the physician reported the injured worker verbalized pain with terminal bilateral neck rotation. There was tenderness to palpation on the cervical paraspinal muscles bilaterally with an increase in muscle tone bilaterally. The injured worker's motor strength test indicated all areas were normal. The sensory evaluation pin, proprioception and light touch were normal over both upper and lower extremities. The reflexes of the upper and lower extremities were noted at a 2+. The physician's treatment recommendation included a prescription for Fioricet 2 tablets 3 times a day as needed for headache relief. The injured worker was also provided a prescription for an alternative medication for relief of the injured worker's headaches and orthopedic pain. The physician provided a prescription for hydrocodone/APAP 2.5/325 mg. The injured worker was advised to limit the total dose of Fioricet and hydrocodone to nine tablets per day to keep the acetaminophen intake to less than 3000 mg per day. The injured worker was also provided a prescription for Naproxen Sodium 500 mg for treatment of pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESIC AGENTS (BCAS),.

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

Decision rationale: The request for Fioricet #60 was recommended on 01/16/2014. The drug Fioricet is a barbiturate/containing analgesic agent. The guidelines do not recommend for chronic pain due to the potential for drug dependence is high and no evidence exists to show a clinical important enhance of analgesic efficacy of barbiturates/containing analgesics due to the barbiturate constituents. There is also a risk of medication overuse as well as rebound headaches. The clinical information provided indicated the medication was being prescribed for chronic pain. The guidelines do not support the use of barbiturates/containing analgesic agents for chronic pain. Also, the request as submitted failed to provide the frequency of the medication Therefore, the request for Fioricet #60 is not medically necessary.