

<b>Case Number:</b>	CM14-0013100		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 57-year-old female with a 6/1/04 date of injury. She injured her right shoulder while moving heavy palettes and breaking down boxes. In a 1/14/14 progress note, the patient noted that her neck pain is her worst pain, followed by her hip pain and her shoulder pain. She described her discomfort as a sharp, dull, aching, pressure sensation with burning. She described her average pain level about 8/10 on the visual analog pain scale with her level of function about 4-5/10. Her current pain regimen provides her with 20% to 75% pain relief from her usual pain. Objective findings: limited range of motion of lumbar spine with flexion, extension, lateral bending, and rotation secondary to pain, tenderness along the bilateral occipital region, paraspinal and trapezius muscle spasms, tenderness and limited range of motion in flexion, extension, pronation, and supination on the left. Diagnostic impression: cervicalgia, lumbar facet disease, bilateral strain/sprain injuries to hands, bilateral shoulder surgeries. Treatment to date: medication management, activity modification, and surgery. A Utilization review decision dated 1/7/14 denied the request for Fioricet. The rationale for non-certification was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 23.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fiorinal is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. In a 1/14/14 progress note, the patient stated that she had been taking Fioricet for headaches, but she has since discontinued it as she was intolerant to this medication. She indicated that her headaches have improved. It is unclear why Fioricet is being requested provided with the information that the patient cannot tolerate the medication and no longer is suffering from the condition it had been intended for. Therefore, the request for Fioricet #90 was not medically necessary.