

Case Number:	CM14-0111608		
Date Assigned:	09/16/2014	Date of Injury:	03/08/2005
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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:

According to the records made available for review, this is a 33-year-old male with a 3/8/05 date of injury. At the time (6/5/14) of the request for authorization for Fioricet 50mg #60, there is documentation of subjective (headaches and neck pain) and objective (mild tenderness in the right paracervical musculature and right trapezius musculature, range of motion has improved) findings, current diagnoses (cervical post surgical syndrome, cervicogenic headaches (acute exacerbation), and cervical radiculopathy), and treatment to date (medication including Fioricet for at least 5 months).

IMR ISSUES, DECISIONS AND RATIONALES

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

Floricet 50MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not address the issue. ODG identifies barbiturate-containing analgesic agents (BCAs) are 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 the barbiturate constituents. Therefore, based on guidelines and a review of the evidence, the request for Fioricet 50mg #60 is not medically necessary.