

<b>Case Number:</b>	CM14-0129485		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year-old individual was reportedly injured on a 17/2006. The mechanism of injury is not listed. The most recent progress note, dated 5/27/2014. There are indications that there are ongoing complaints of neck pain, low back pain, and headaches. The physical examination demonstrated positive tenderness to palpation throughout the cervical lumbar paraspinal area. There is full range of motion but with reproducible pain. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request had been made for Fioricet, Topamax, and was not certified in the pre-authorization process on 8/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet (unspecified amount and duration):** 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 8 C.C.R. 9792.20 - 9792.26 MTUS Effective July 18, 2009) Page(s): 23 OF 127.

**Decision rationale:** Barbiturate-containing analgesic agents (BCAs) like Fioricet 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. There is a risk of medication overuse as well as rebound headache. Therefore Fioricet (unspecified amount and duration) is not medically necessary.

**Topamax:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) P Page(s): 16, 21 of 127.

**Decision rationale:** The MTUS supports the use of anticonvulsants, but notes that Topiramate may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. Based on the clinical documentation provided, there is no indication that other anti-convulsants have been trialed. As such, Topamax is not medically necessary.