

Case Number:	CM14-0138829		
Date Assigned:	09/05/2014	Date of Injury:	03/25/1995
Decision Date:	12/05/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/27/2014

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 Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 62 year old male who was injured on 3/25/1995. The diagnoses are post laminectomy syndrome in the cervical region, cervicalgia, cervicogenic headache, right shoulder pain, myofascial pain and neuropathic pain. There are associated diagnoses of anxiety and depression that is managed by [REDACTED]. On 7/16/2014, [REDACTED] noted that the patient was requested for a repeat trigger point injections following beneficial effects from the previous injections. The patient also requested medications refills. There was no detail description of the headache or pain quality. There were objective findings of decreased range of motion of the cervical spine, palpable trigger points. There is no documented aberrant drug behavior or adverse drug effects. The patient is working full time. The medications are Norco, Percocet and Methadone for pain and Fioricet for headache. The patient is also utilizing Cymbalta and Lyrica for neuropathic pain, Diazepam and Ambien for insomnia, and Skelaxin for muscle spasm. A Utilization Review determination was rendered on 7/25/2014 recommending non certification for Fioricet 50-32S-40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation of Fioricet 50-32S-40mg tablet SIG: Take 1 four times a day as needed:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs), Methadone therapy,. Decision based on Non-MTUS Citation www.drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Headache.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of Fioricet should be limited to the treatment of acute attack of migraine headache. The chronic use of medications containing butalbital, caffeine and codeine is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives and opioids. The records indicate that the patient is utilizing multiple opioids and sedative medications. There is increased risk of development of tolerance and hyperalgesia. The risk of significant adverse drug interaction and side effects is increased. There is no documentation of qualitative and quantitative measurement of the migraine and pain or the efficacy of the medications. The criteria for the use of Fioricet 50-32S-40mg with codeine C-III 1 four times a day were not met. Therefore, this request is not medically necessary.