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| Case Number: | CM14-0152883 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 07/27/2011 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old male who reported an injury on 07/27/2011. The injured worker was involved in an industry injury, in which reportedly a wheel exploded in his face causing injury to his right eye, right orbit area and right cheek. He subsequently lost his right eye. He also developed injuries to his neck, left hand and maxilla. Treatment included medications, and dental work. The injured worker was evaluated on 08/18/2014 and it was documented that the injured worker complained of frequent headaches on a nearly daily basis and neck pain described as cramping that extended into the base of the head and precipitated headaches. The injured worker has significant facial pain, which causes ongoing headache, relatively unchanged. The provider noted medication was denied by utilization review; and therefore, the injured worker self-produced treatment under PPO to continue the medication. He stated that the pain was significantly exacerbated due to the abrupt discontinuance of medication secondary to no authorization. The pain increased significantly and caused withdrawal symptoms. The injured worker pain was 3/10 with medication and 8-9/10 without medications. On physical examination there was no evidence of medication induced somnolence, continued to reveal facial allodynia anterior to the ear and lateral to the eye. There was a keloid scar formation under the right ear that was painful. It was noted controlled substance utilization review and evaluation system (CURES) report was consistent with prescribed medications. Therefore, no medication changes were needed on this basis. Diagnoses included post-traumatic head syndrome with significant headache, cervical disc osteophyte C3-4 and C6-7 resulting cervical radiculitis versus radiculopathy and intermittent paresthesias right upper extremity, cervicogenic headache and cervical myofasciitis. Medications included Norco 10/325 mg,

Fioricet, Neurontin 600 mg and Voltaren gel. Request for Authorization dated 06/19/2014 was for Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents. Page(s): 23..

Decision rationale: The request is not medically necessary. Per the CA MTUS Guidelines for barbiturate containing analgesic agents, they are not recommended for chronic pain. The potential for drug dependency is high and no evidence exists to show a clinically important enhancement of analgesic efficiency of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The request that was submitted failed to include dosage of medication. Additionally, the guidelines do not recommend this medication be used for chronic pain. As such, the request for Fioricet BID #60 is not medically necessary.