

Case Number:	CM14-0155378		
Date Assigned:	09/25/2014	Date of Injury:	12/30/2005
Decision Date:	10/27/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Rehabilitation and is licensed to practice in Ohio. 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 41-year-old female with a date of injury of December 30 of 2005. She was in a motor vehicle accident which resulted in a concussion. She complains of daily frontal/occipital headaches, bilateral shoulder pain with, neck pain radiating to the upper extremities, low back pain radiating to the lower extremities, and insomnia. The diagnoses include cervical disc disease, cervical spinal stenosis, lumbar disc disease, bilateral rotator cuff tendinosis, torn left rotator cuff, insomnia, bipolar disorder. The physical exam reveals tenderness to palpation of the cervical and lumbar spines with diminished ranges of motion. Current medications include ibuprofen, gabapentin, tramadol, Flexeril, mirtazapine, Seroquel, Prilosec, Imitrex, and Fioricet. It appears that she is taking Fioricet daily. A recent neurology consultation suggested that the diagnosis was migraine headache with photopsia and nausea. It was all suggested that she not take tramadol and Fioricet so as to prevent conversion to chronic daily headaches from analgesia medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

But/APAP/CAF/CAP (compound medicine) #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Barbiturate Containing Analgesic Agents.

Decision rationale: Barbiturates containing analgesic agents 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. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. In this instance, the injured worker has been using But/APAP/CAF/CAP (compound medicine), also known as Fioricet, daily. The guidelines recommend against using these compounds chronically for pain and in fact a recent neurologic consultant likewise recommended against it. Therefore, But/APAP/CAF/CAP (compound medicine) #60 is not medically necessary.