

Case Number:	CM14-0165031		
Date Assigned:	10/10/2014	Date of Injury:	07/05/2001
Decision Date:	11/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 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:

The patient is a 50-year-old male with a date of injury of 07/05/2001. The listed diagnoses per [REDACTED] are: 1. Posttraumatic nasal septal deviation status post-surgery 10/22/2013. 2. Cervical strain. 3. Posttraumatic head syndrome dizziness. 4. Status post right shoulder arthroscopy, 2009 and 2012. 5. Severe OSA on CPAP since 2009. 6. Bruxism. 7. Obesity. According to progress report 09/15/2014, the patient presents with increased apathy and fatigued. She also notes an increased in her right shoulder pain. The provider states that the patient has bruxism, dizziness, nervousness, and anxiety. Examination revealed "positive Romberg. Nasal voice, rash. 04/23/2014 ESS of 18. CPAP 93%. Weight approximately 256 pounds." Patient's medication regimen includes Ultram 50 mg, Vicodin 7.5/325 mg, and Fioricet 325/50/40 mg. The provider is requesting a refill of Fioricet. Utilization review denied the request on 09/30/2014. Treatment reports from 06/13/2013 through 09/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 335/50/40 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Modafinil (Provigil).

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

Decision rationale: This patient presents with increased apathy and fatigue. The patient also suffers from bruxism, dizziness, nervousness, and anxiety. The provider is requesting a refill of Fioricet 335/50/40 mg. For barbiturate-containing analgesic agents, the MTUS Guidelines page 23 does not recommend for chronic pain. "The potential for drug dependent is high and no evidence exists to show clinically important and has been of analgesic efficacy of BCAs due to barbiturate constitutes (meclizine 2000)." In this case, the patient has been prescribed this medication since 06/13/2013. There is a risk of medication overuse as well as rebound headache. The request for Fioricet is not medically necessary and recommendation is for denial.