

<b>Case Number:</b>	CM14-0173790		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 warehouse worker with a date of injury on 4/25/14. The mechanism of injury was a fall from a 6 foot ladder. He would be diagnosed with a fracture of the distal left radius, left wrist strain/sprain, left elbow sprain, chest contusion and cephalgia secondary to head trauma. Treatment has included physical therapy and medications including hydrocodone, tramadol naproxen mirtazapine and lidocaine patches. He did have occipital nerve blocks for headaches on 5/8/14. The records show that he continues to have severe headaches and left wrist pain with numbness in the left hand. Electrodiagnostic testing and MRIs have been requested. He has not returned to work. The primary treating physician has requested Fioricet #120 tablets with one refill and Prilosec 20 mg #60 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Fioricet with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG), Pain, Fioricet

**Decision rationale:** Fioricet is a barbiturate containing analgesic (BCA). The ODG guidelines note that Fioricet is 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 overuses as well as rebound headache. The AGS updated Beers criteria for inappropriate medication use includes barbiturates. In this case the request for Fioricet 120 tablets with one refill is not supported in the ODG guidelines and is not medically necessary.

**60 tablets of Prilosec 20 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Proton Pump Inhibitors (PPI's)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, nonsteroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk Page(s): 6.

**Decision rationale:** Prilosec is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with non-steroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple non-steroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The medical records do not document risk for gastrointestinal events or any current history of gastrointestinal symptoms. The request for Prilosec 20 mg #30 is not supported by the MTUS and ODG guidelines and is not medically necessary.