

Case Number:	CM14-0180399		
Date Assigned:	11/05/2014	Date of Injury:	04/09/2003
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Pain Management & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 04/09/03. She was seen by the requesting provider on 11/16/11. She was having constant low back and right lower extremity pain rated at 7/10. MRI results were reviewed. Indications included OxyContin 80 mg three times per day, Norco taken up to seven times per day, Neurontin 900 mg per day, Ambien CR, and Fioricet. A Toradol injection was administered. On 03/13/14 she was having increased pain over a spinal cord stimulator incision site. The stimulator had been removed secondary to infection. Urine drug screening was performed and was consistent with the prescribed medications. Medications were refilled. On 05/07/14 pain was rated at 8/10. Physical examination findings included appearing tearful. There was an antalgic gait with bilateral lumbar paraspinal muscle tenderness. There was decreased lumbar spine range of motion with a positive right straight leg raise. OxyContin 80 mg #84, Venlafaxine 75 mg #30, Norco 10/325 mg #224, and Fioricet 50/325/40 mg #56 was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg, 1 tablet twice daily for 28 days, #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Assessment Approaches, p6 (2) Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included a spinal cord stimulator which was removed due to infection. Medications include OxyContin and Norco at a total MED (morphine equivalent dose) of more than 400 mg per day and Fioricet taken two times per day and being prescribed on a long-term basis. In terms of her headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.