

Case Number:	CM14-0022165		
Date Assigned:	05/09/2014	Date of Injury:	06/20/2006
Decision Date:	07/10/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 30-year-old male who reported an injury on 06/20/2006 when the injured worker was injured by a drill. The injured worker reportedly sustained an injury to the neck and bilateral upper extremities. The injured worker's chronic pain was managed with medications. The injured worker was evaluated on 11/01/2013. It was documented that the injured worker had continued complaints of the cervical spine. Physical findings included tenderness to palpation of the paravertebral musculature with a positive Spurling's sign and restricted range of motion secondary to pain. The injured worker's medications were noted to be Fioricet 1 per day and Norflex 100 mg 1 to 2 times per day. The injured worker's diagnoses included cervical/trapezial musculoligamentous sprain/strain, post-traumatic headaches, psychiatric complaints, and sleep complaints. The treatment recommendation included continuation of medications and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET #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 (BCAs).

Decision rationale: The requested Fioricet #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of barbiturate containing analgesic agents in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 06/2013. Due to the high risk of physiological and psychological dependence of barbiturate containing analgesic medications, continued use of this medication would not be supported. Additionally, the clinical documentation does not provide any evidence of significant functional benefit or pain relief resulting from the use of this medication. There is no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not provide a frequency or dosage. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Fioricet #60 is not medically necessary or appropriate.