

Case Number:	CM14-0023300		
Date Assigned:	05/14/2014	Date of Injury:	11/30/2006
Decision Date:	07/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 62-year-old male patient with a 6/30/06 date of injury. A1/22/14 progress report indicated that the patient complained of ongoing lower back pain. Objective findings revealed decreased range of motion over the lumbar spine, there was diffusely decreased sensation over right L1 to S1 dermatomal distribution. He was diagnosed with bilateral radicular symptoms with neurogenic claudication, degenerative disc disease at L4-5 and L5-S1, and multilevel foraminal stenosis, most severe at L4-L5. Treatment to date: medication management (Norco, Tramadol, Trazodone and Fioricet). He had an epidural injection dated 11/1/13, with symptomatic improvement. There is documentation of a previous 1/29/14 adverse determination, because barbiturate-containing analgesic agents are not recommended for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 30 1 tablet 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Analgesic Agents (BCAS) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA(Fioricet).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fiorinal is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. However, there was no documentation of a diagnosis of tension headaches. CA MTUS did not recommend Barbiturate containing medication for chronic pain, because of potential for drug dependence and there is no rationale provided by the physician to support the use of Fioricet for this patient despite the lack of guidelines support. Therefore, the request for Fioricet 30 1 tablet 2 refills was not medically necessary.