

<b>Case Number:</b>	CM14-0032602		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 injured worker is a 57-year-old male who reported an injury on 02/12/2005 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 02/12/2014, the injured worker complained of increased cervical spine pain, bilateral shoulder pain, increased anxiety, headaches, dizziness, and tinnitus in the left ear. Prior treatments included physical therapy, surgeries, and medications. The injured worker's medication regimen included Fioricet, Klonopin 1 mg, Viagra 100 mg, and atenolol 25 mg. The physical examination of the right shoulder revealed decreased range of motion. The physical examination of the cervical spine revealed spasm and decreased range of motion. The diagnosis included headaches, right shoulder derangement status post surgery, post-traumatic stress disorder, sleep apnea, status post surgery for the left knee internal derangement, right medial epicondylitis, and hypertension. The treatment plan included physical therapy to bilateral shoulders, cervical spine and left knee; follow up with internal medicine, follow up with psychiatric treatment for anxiety, ortho referral, Fioricet #40, Seroquel 25 mg, and atenolol 25 mg #30. The request for authorization for Fioricet and rationale for this treatment was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Fioricet #40:** Upheld

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

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

**Decision rationale:** The request for one prescription of Fioricet #40 is non-certified. The Official Disability Guidelines (ODG) state 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 overuse as well as rebound headache. In the clinical notes provided for review, it is annotated that the injured worker has been on Fioricet; however, there is lack of documentation of the efficacy, side effects or functional status of the prescribed medication. There is also lack of documentation of the injured worker's pain level status pertaining to his headaches. Furthermore, the guidelines state that Fioricet is to be used for acute headaches; however, there is risk of rebound headache. As such, it is not documented how long the injured worker has been on the prescription of Fioricet and if the prolonged use of the prescribed medication maybe contributing to the injured worker's headaches since the guidelines state that rebound headaches may occur with use. Therefore, the request for one prescription of Fioricet #40 is not medically necessary.