

<b>Case Number:</b>	CM14-0042861		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/09/2003
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Alabama, Maryland, and New York. 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 46 year old female, who suffered an injury on 4/9/2003 while she was lifting a 5 gallon can of paint and she was diagnosed with lumbosacral neuritis. Her pain symptoms were consistent with neuropathic pain. At a point there was a suggestion of a SCS but it was delayed due to obesity. She was seen on 2/13/14 for medication refills after there were actually two trials of SCS without any success due to failure to implant. Subsequent physical exam revealed pain at the site of intended SCS incision, more while sleeping, but was somewhat controlled on opioids. There is a request of fioricet refill after relieving about 50% of her pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50mg-325mg 56 tablets 1 tablet 2 times a day 28 days for lumbar radiculopathy:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 AND 105, 23 AND 78-92.

**Decision rationale:** The CA MTUS states "barbiturate containing analgesic agents is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists

to show a clinically important enhancement in analgesic efficacy of BCAs due to barbiturate constituents. There is also a risk of medication overuse as well as rebound headache". The guideline suggests that the chronic use of this medication for chronic pain is not supported and a weaning/titrating schedule is needed to prevent rebound withdrawal. Therefore, the request is not medically necessary.