

<b>Case Number:</b>	CM14-0046741		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 44-year-old female who reported a crushing injury of the right hand on 05/28/2013. On 11/27/2013, she complained of pain in her right shoulder and right hand, with increased pain when she used her right arm. The pain increased with cold weather. It was interfering with her sleep. She experienced numbness and tingling in the right hand and entire right upper extremity. At that time, she was participating in a home exercise program for increasing her range of motion and strength. Her medications included Norco, Fioricet, and Valium, but no dosages were noted. The right shoulder ranges of motion measured in degrees were flexion and abduction both at 80/90. Her diagnoses included carpal tunnel syndrome of the right wrist and right shoulder sprain. Although in the physician's progress note her diagnoses included a fracture of the right index finger, an x-ray of the right index finger dated 07/29/2013 noted no acute fractures. On 03/07/2014, her complaints of the right shoulder, right upper extremity, and right hand pain continued, and her medications were unchanged. The rationale for the Fioricet was to reduce her headaches. The rationale for the Valium was to reduce muscle spasm. The Request for Authorization dated 09/20/2013 was included with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Fioricet 50-325-40mg retrospective for dates between 3/7/2014 and 3/7/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The request for 60 Fioricet 50-325-40mg retrospective for dates between 3/7/2014 and 3/7/2014 is not medically necessary. Regarding barbiturate-containing analgesic agents, the CA MTUS Guidelines do not recommend them 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 was prescribed for this worker's headaches. There is a risk of medication overuse as well as rebound headache with Fioricet. Additionally, there was no frequency of administration included in the request. Therefore, this request for 60 Fioricet 50-325-40mg retrospective for dates between 3/7/2014 and 3/7/2014 is not medically necessary.

**60 Valium 10mg retrospective for dates 3/7/2014 and 3/7/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for 60 Valium 10mg retrospective for dates 3/7/2014 and 3/7/2014 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. This worker had been taking Valium for at least 5 months. Additionally, there was no frequency of administration included with the request. Therefore, this request for 60 Valium 10mg retrospective for dates 3/7/2014 and 3/7/2014 is not medically necessary.