

<b>Case Number:</b>	CM14-0048515		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/05/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 66-year-old female. Her date of injury and mechanism of injury was not stated. She has bilateral chondromalacia patella and bilateral sciatica. Her medications include Fioricet, Norco, Lexapro, gabapentin, and Pepcid. The purpose of coming into the clinic was to get refills on her medications. The Fioricet previously was found to be medically unnecessary; but, a modified order of 30 pills was allowed to enable the claimant to be weaned off its usage. She previously had been given 120 pills; and there was a concern that she could go into acute withdrawal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 60 tablets for a 30 day supply (2 units per day): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.2-9792.26 Page(s): 23.

**Decision rationale:** Fioricet is a barbiturate containing analgesic agent (BCA) that has Butalbital, Acetaminophen, and caffeine. The BCAs are 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. (McLean, 2000)

There is a risk of medication overuse as well as rebound headache (Friedman 1987). Thus it is deemed not to be medically necessary.