

Case Number:	CM14-0053793		
Date Assigned:	07/07/2014	Date of Injury:	08/29/2005
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old female who reported an injury on 08/29/2005. The mechanism of injury was a fall. Her diagnoses include shoulder pain, extremity pain, cervical pain, cervical spondylosis, and cervical vertebral fracture. Her previous treatments include medication, use of a TENS unit, and a sling. The injured worker's surgical history included a right shoulder replacement surgery on 01/17/2014. Per the clinical note dated 02/05/2014, the injured worker had complaints of right shoulder pain and headaches. She reported her pain was a 5/10. She reported she was also using a TENS unit and medications for pain relief. On physical examination of the cervical spine, the physician reported she had restricted range of motion with flexion at 35 degrees, extension 15 degrees, and right and left lateral bending 5 degrees, which were all limited due to pain. On examination of the right shoulder, the physician reported there was tenderness to the anterior shoulder, and the range of motion was not assessed due to the postop status. Her current medications include Fioricet 50/325/40 mg, Lyrica 100 mg, Norco 10/325 mg, fentanyl 12 mcg per hour patch, Nexium 20 mg, and Soma 350 mg. The physician's treatment plan included a prescription for Fioricet for migraine headaches. The current request is for 1 prescription of Fiorocet 50-325- 40 mg. # 60. The rationale for the request was for migraine headaches. The Request for Authorization was provided on 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fiorocet 50-325- 40 mg. # 60: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The request for 1 prescription of Fiorocet 50-325- 40 mg. # 60 is non-certified. The California MTUS Guidelines do not recommend barbiturate-containing analgesic agents (BCAs) for chronic pain. The potential for drug dependency is high and no evidence exists to show clinically important enhancement of analgesic efficacy of barbiturate-containing analgesics due to the barbiturate constituents. There is a risk of medication overuse as well as a rebound headache. Fioricet contains butalbital, acetaminophen, and caffeine and is used to treat tension headaches that are caused by muscle contractions. The clinical documentation provided the injured worker reported she had complaints of shoulder pain and headaches. However, there was no documentation provided to indicate the severity of the headaches and the efficacy of the medication. In the absence of documentation of efficacy, and as the guidelines do not recommend the use of barbiturate-containing analgesic agents for chronic pain, the request is not supported. The request also failed to provide the frequency of the medication. As such, the request for 1 prescription of Fiorocet 50-325- 40 mg. # 60 is non-certified.