

Case Number:	CM14-0055707		
Date Assigned:	07/09/2014	Date of Injury:	10/05/2010
Decision Date:	08/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/25/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 patient is a 58-year-old female who has submitted a claim for Lumbar Facet Arthropathy, Lumbar Radiculitis, and Chronic Pain associated with an industrial injury date of October 5, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain radiating down both upper extremities. She also had low back pain radiating down both lower extremities. She also complained of ongoing daily occipital headaches. Pain was rated 3/10 with medications and 7-8/10 without medications. On physical examination of the lumbar spine, there was tenderness in the paravertebral area of L4-S1 levels. Range of motion was restricted secondary to pain. Facet signs were present bilaterally. Straight leg raise test was negative. Upper extremity examination revealed tenderness at the right elbow and ecchymosis at the right arm. Treatment to date has included physical therapy, home exercise program, cervical epidural steroid injection, lumbar medial branch block, lumbar facet radiofrequency rhizotomy, and medications including Fioricet 50-325-40 mg one per orem daily as needed for headaches (since at least March 2014). Utilization review from March 28, 2014 denied the request for Fioricet 50-325-40MG #30 because there was no support for the use of Fioricet in the treatment of any chronic pain conditions and the need for headache treatment was not shown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorcet 50-325-40MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Updated 03/10/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Barbiturate-containing Analgesic Agents (BCAs), Fioricet Page(s): 23 & 42.

Decision rationale: According to page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents (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 barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, Fioricet was being prescribed for headaches since at least March 2014 (five months to date). However, there was no documentation of functional improvement or headache relief with this medication. Furthermore, a rationale was not provided regarding the use of Fioricet despite lack of guideline support. There is no clear indication for continued use of this medication. Therefore, the request for Fiorcet 50-325-40MG #30 is not medically necessary.