

Case Number:	CM14-0057725		
Date Assigned:	07/09/2014	Date of Injury:	03/04/2010
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 39 year old female who reported an injury to her cervical spine. A consultation report dated 03/20/14 indicates the injured worker rating the neck pain as 4-5/10. The injured worker described the pain as a constant and dull sensation with radiating pain into the head and bilateral shoulders. The note indicates the injured worker showing positive impingement signs at both shoulders. Strength deficits are identified at the elbow extensors bilaterally as well as the right wrist extensors. The qualified medical evaluation dated 02/24/14 indicates the injured worker having been prescribed the use of Fioricet to address ongoing complaints of headaches. The utilization review dated 04/16/14 resulted in a denial for the use of Fioricet as the requested medication has a high potential for drug dependence with no evidence demonstrating a clinically important enhancement of the analgesic efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50mg/300mg/40mg Capsule #60 Dispensed on 3/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of Fioricet, a barbiturate-containing analgesic, is not recommended for treatment of chronic pain. Research indicates the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. Additionally, there is no indication in the documentation that establishes the benefits associated with the use of the medication. The clinical notes indicate that the patient's demonstrating no significant changes with the current medication regimen. As such, the request of Fioricet 50mg/300mg/40mg Capsule #60 Dispensed on 3/20/14 is not medically necessary and appropriate.