

Case Number:	CM14-0059090		
Date Assigned:	07/09/2014	Date of Injury:	09/26/2006
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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 43-year-old male who has submitted a claim for chronic cervical and lumbar radiculopathy, status-post lumbar fusion associated with an industrial injury date of 09/26/2006. Medical records from 09/30/2013 to 04/04/2014 were reviewed and showed that patient complained of cervical spine pain graded 9/10 with radiation down the hands and fingertips with numbness and weakness. There was complaint of lumbar spine pain graded 7/10 with radiation down the legs with numbness and tingling of toes. Physical examination revealed antalgic gait on the right. There was tenderness and spasms over the cervical and lumbar paraspinous muscles. Spurling's test was positive bilaterally. Seated SLR was negative. Supine SLR was positive at 80 degrees bilaterally. Sensation to light touch was decreased along the right L5 dermatome. CT scan of the lumbar spine dated 09/20/2013 revealed laminotomies at L4 to S1. MRI of the cervical spine dated 01/03/2014 revealed diminished disc height at C5-6. MRI of the lumbar spine dated 09/20/2013 revealed status post discectomy at L4-5, loss of intervertebral disc height and disc desiccation at T10-11 and L3-4, old compression fracture deformity L2, and left lateral neural foraminal stenosis L2-3, L3-4. Treatment to date has included lumbar decompression (09/06/2011) lumbar spine L4-5 fusion (07/27/2012), physical therapy, and pain medications. Utilization review dated 04/04/2014 certified the request for Fioricet #15 for progressive weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #15 for progressive wean: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Utilization Schedule section 9792.20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FIORICET Page(s): 23.

Decision rationale: As stated on page 23 of California MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics 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. In this case, the patient was prescribed Fioricet QD prn #30 since 12/24/2013 without noted functional improvement. The guidelines do not recommend barbiturate-containing analgesics for chronic pain. It is unclear as to why Fioricet is needed for weaning when Fioricet #15 was previously approved for progressive wean (04/04/2014). Therefore, the request for Fioricet #15 for progressive wean is not medically necessary.