

<b>Case Number:</b>	CM14-0063225		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 62-year-old male with a date of injury of 8/16/11. The mechanism of injury was not noted. The only submitted report was dated 4/30/14. On 4/130/14 he complained of constant right shoulder pain rated 4-5/10, which has decreased from 7-8/10 prior to surgery. He has experienced pain reduction and an increase of movement of the right shoulder. He admits to depression due to chronic pain and prefers to stay in bed all day. Objective findings: He is not in acute distress, he has restricted range of motion of the neck, right upper extremity and has pain with motion. His neck pain radiates to his head resulting in headaches which he uses Fioricet to treat these headaches. The diagnostic impression is discogenic cervical condition with three level disc disease and radicular components; carpal tunnel syndrome bilaterally, right shoulder impingement syndrome; depression, sleep disorder, and weight loss. Treatment to date: surgery, physical therapy, medication management. A UR review denied the request for Fioricet (butalbital/acetaminophen/caffeine) 50/40/325mg #60. The date of the denial and the rationale for denial was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Floricet (butalbital/acetaminophen/caffeine) 50/40/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for

Chronic Pain Page(s): 80-82. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)- Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Fioricet.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fiorinal and Fioricet are indicated for the relief of the symptom complex of tension (or muscle contraction) headache. However, guidelines do not support the use of Fioricet for chronic pain. In addition, there is a potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of Fioricet due to the barbiturate component. Therefore, the request for Fioricet ( butalbital/caffeine/ acetaminophen 50/40/325mg) #60 is not medically necessary and appropriate.