

Case Number:	CM14-0074163		
Date Assigned:	07/16/2014	Date of Injury:	10/01/2013
Decision Date:	11/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

The injured worker is a 40-year-old male who sustained an industrial injury on October 1, 2013. The patient has chronic neck pain, headache, cervical radiculopathy, and cervical sprain/strain. The disputed request is for your set to be taken as needed for headache every six hours, with a quantity for 60 pills. This was denied in a utilization review determination, which specified that evidence-based guidelines do not recommend barbiturate containing analgesic agents for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floriset 1 by mouth every 6 hour #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate - containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 of 127.

Decision rationale: In the case of the request for Fioricet, this is a combination drug of butalbital, acetaminophen, and caffeine. Butalbital is a barbiturate and the guidelines specifically do not recommend this for chronic pain due to the risk of dependence and overuse. Given these guidelines, this request is not medically necessary.

