

Case Number:	CM14-0076191		
Date Assigned:	07/16/2014	Date of Injury:	03/18/2010
Decision Date:	08/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

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 Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 03/18/10 while moving boxes from a palette. She injured her left shoulder and underwent rotator cuff surgery in July 2010. She had postoperative physical therapy. She developed persistent left upper extremity pain and was diagnosed with complex regional pain syndrome. She underwent stellate ganglion blocks. She underwent a spinal cord stimulator trial with 80% improvement and subsequently underwent implantation of a permanent stimulator on 12/31/13. A consult dated 12/31/13 references a history of headaches treated with Fioricet. In postoperative follow-up on 01/08/14 she had been seen in an Emergency Room with severe headaches and medications had been prescribed. On 01/22/14 she was having localized neck stiffness and swelling. On 02/20/14 she was having cervical spine pain with left-sided numbness. She was having difficulty sleeping. She had not taking any medications since 01/23/14. The physical examination findings included decreased cervical spine range of motion with pain and decreased left shoulder range of motion with positive impingement testing. There was decreased left upper extremity strength. Ambien, Elavil, Norco, and Neurontin were prescribed. Fioricet was prescribed for headaches. On 03/20/14 she was having moderate pain rated at 4/10. The medications were helping with pain. The physical examination findings appear unchanged. The medications were refilled and urine drug screening was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET 1 BID PRN #60 FOR HEADACHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, page 6 (2) Barbiturate-containing analgesic agents (BCAs), page 23 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The claimant is more than four years status post injury and continues to be treated for chronic left shoulder pain including a diagnosis of CRPS. In terms of her headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain and the Beers criteria for inappropriate medication use includes barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. As such, the request is not medically necessary.