MAXIMUS Federal Services

Case Number:	CM14-0077715		
Date Assigned:	07/21/2014	Date of Injury:	12/17/2009
Decision Date:	10/02/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 41-year-old female with a date of injury of 12/17/2009. The listed diagnoses per the treating physician are cervical disk displacement, thoracic disk displacement, shoulder region disk NEC and low back pain. According to progress report 05/08/2014, the patient presents with ongoing significant neck pain, shoulder pain, thoracic pain, and low back pain. Symptoms have not changed much over the last several months. He is currently taking Percocet 10/325, lorazepam 0.5 mg, and Cymbalta 60 mg, "which clearly helps the anxiety and depression". A urine drug screen was administered which is consistent with the medications prescribed. Treating physician is requesting a refill of Fioricet 1 p.o. q. hour p.r.n. #90 for his headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate-containing analgesics.

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

Decision rationale: The treater is requesting a refill of Fioricet #90. It appears this is an initial request for this medication. Work status indicates the patient is temporarily totally disabled. For barbiturate containing analgesic agents, the MTUS Guidelines do not recommend for chronic pain. "The potential for drug dependence is high and no evidence exists to show clinically importance and has been of analgesic efficacy of BCAs due to barbiturate constitutes." There is a risk of medication overuse as well as rebound headaches. The requested Fioricet is not medically necessary and recommendation is for denial.