

<b>Case Number:</b>	CM14-0082959		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 44 year old female with a work injury dated 10/29/08. The diagnoses include brachial neuritis or radiculitis, cervicgia, degeneration of the cervical intervertebral discs, neck sprain/strain, post laminectomy syndrome cervical region, sprain/strain of the shoulder and upper arm, headaches. Under consideration is a request for Fioricet 50/300mg, qty 30. There is a primary treating physician (PR-2) document dated 5/21/14 that states that the patient was getting Botox injections for her migraine headaches. The QME recommended referral to a headache specialist. but these have not yet been authorized yet. She also complains of neck pain and bilateral arm pain. On exam she has decreased cervical spine range of motion. There is cervical paraspinal tenderness. The reflexes are 2+ for bicep, quadriceps and soleus. She has 5/5 strength for the left upper extremity and 4/5 for the right upper extremity grossly. There is decreased light touch over both 3rd and fifth digits. She ambulates independently without assistive device with a normal gait. The treatment plan states that a referral to a headache specialist was denied. The document notes that Fiorocet was denied but the provider gave the patient a prescription for it anyway which she will try and get filled under private insurance. A 4/23/14 progress note states that the insurance company only partially approved the Fioricet and approved it for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50/300mg, qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** Fioricet 50/300mg, qty 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that barbiturate-containing analgesic agents (BCAs) 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. There is a risk of medication overuse as well as rebound headache. The documentation submitted reveals there were prior recommendations for weaning. For this reason and the MTUS guidelines recommending against this medication do not support the medical necessity of this medication. The request for Fioricet 50/300mg, qty 30 is not medically necessary.