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| <b>Case Number:</b>   | CM14-0098106 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 03/08/2005 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 05/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2014 |

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 33-year-old male who reported an injury on 03/08/2005. The mechanism of injury was not provided for clinical review. The diagnoses included cervical postsurgical syndrome, cervicogenic headaches, and cervical radiculopathy. These treatments included medication, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, and trigger point injections. Within the Clinical Note dated 05/06/2014 it was reported the injured worker complained of significant pain in the right neck and shoulder with headache, pain, numbness, and tingling. Upon the physical examination the provider noted significant tenderness in the right occipital region reproducing the headache. The provider indicated the injured worker had significant tenderness and painful trigger point activity in the right paracervical and trapezium musculature with well circumscribed myofascial trigger points and jump response noted during palpation. The provider indicated the range of motion was limited due to pain. The provider requested Fioricet. However, rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 22, 93-94, 124.

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

**Decision rationale:** The request for Fioricet 50 mg #30 is non-certified. The California MTUS Guidelines do not recommend Fioricet for chronic pain. The guidelines note Fioricet has a high drug dependence rate and there are no clinical studies to show their analgesic efficacy. There is risk of overuse as well as rebound headaches. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the guidelines do not recommend the use of Fioricet for chronic pain. Therefore, the request is non-certified.