

Case Number:	CM14-0119106		
Date Assigned:	08/06/2014	Date of Injury:	02/19/2010
Decision Date:	01/28/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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, has a subspecialty in Pain Medicine, Acupuncture 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:

52y/o female injured worker with date of injury 2/19/10 with related neck and back pain. Per progress report dated 6/23/14, the injured worker complained of neck and back pain with headaches and radiation to the bilateral upper extremities. Per physical exam, there was cervical tenderness with spasm and restricted range of motion and negative Spurling's sign. There was restricted lumbar and cervical range of motion. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included acupuncture, and medication management. The date of UR decision was 7/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital-Acetaminophen-Caffeine 50-300-40 mg (Fioricet) #30 Body part: Spine, Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter: Fioricet; McLean, 2000; Friedman, 1987

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

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." As the request is not recommended by the MTUS, the request is not medically necessary.