

<b>Case Number:</b>	CM14-0168080		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Family Practice 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 70 year old female claimant sustained a work injury on 4/30/09 involving the wrists and finger. She was diagnosed with finger contusion, anxiety and pain disorder. She had performed home exercises, received cortisone injections and used analgesics. He had been on Topiramate for "nerve pain" and had undergone Paraffin baths. A progress note on 9/23/14 indicated the claimant had right upper extremity weakness, tenderness to touch . She had been on Gabapentin and Ketoprofen. A prescription was given for Librium, Fioricet and Flector patches. Thirty tablets of Fioricet were given for weaning purposes over 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 40/50/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates Page(s): 23.

**Decision rationale:** Fioricet contains barbiturates, Tylenol and Caffeine. Fioricet is indicated for headaches and migraines. The clinical notes did not indicate headaches or response to medication for treating pain. According to the guidelines, barbiturates containing compounds 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. The use and weaning of Fiorcet is not supported by the notes or guidelines and is not medically necessary.