

<b>Case Number:</b>	CM14-0187377		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Emergency Medicine 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 injured worker is a 56 year-old male, who sustained an injury on August 18, 2008. The mechanism of injury is not noted. Pertinent diagnostics were not noted. Treatments have included: medications. The current diagnoses are: sciatica, occipital neuralgia, lumbosacral radiculitis, myalgia, head injury. The stated purpose of the request for Retro Fioricet 50-325-40mg #90 was not noted. The request for Retro Fioricet 50-325-40mg #90 was denied on October 17, 2014, citing a lack of guideline-support for barbiturate containing medications. The stated purpose of the request for Retro Celexa 20mg #30 was not noted. The request for Retro Celexa 20mg #30 was denied on October 17, 2014, citing a lack of documentation of symptoms of anxiety or depression. Per the report dated September 29, 2014, the treating physician noted complaints of previous medication withdrawal symptoms, and that his pain medication helps him with ADL's (activities of daily living), and that the injured worker has continued pain to the neck, low back, right lower extremity and right shoulder with headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 9/29/2014) Fioricet 50-325-40mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain AND "Barbiturate-containing analgesic age.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. Per the CA MTUS Chronic Pain Treatment Guidelines, page 23, "Barbiturate-containing analgesic agents (BCAs) 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 injured worker has continued pain to the neck, low back, right lower extremity and right shoulder with headaches. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening; nor medical necessity specifically for a barbiturate-containing medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, Retro (DOS 9/29/2014) Fioricet 50-325-40mg #90 is not medically necessary.

**Retro (DOS 9/29/2014) Celexa 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, pages 13-15, recommend SSRI antidepressants as a second option for the treatment of depression, and even though they are not recommended for the treatment of chronic pain, they are recommended for the treatment of neuropathic pain. "Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors, unless adverse reactions are a problem." The injured worker has continued pain to the neck, low back, right lower extremity and right shoulder with headaches. The treating physician has not documented failed trials of tricyclic antidepressants, nor duration of treatment, nor objective evidence of derived functional improvement. The criteria noted above not having been met, Retro (DOS 9/29/2014) Celexa 20mg #30 is not medically necessary.