MAXIMUS Federal Services

Case Number:	CM14-0193616		
Date Assigned:	12/01/2014	Date of Injury:	11/18/2013
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/19/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 57-year-old male with an 11/18/13 date of injury. The injury occurred when he fell off a root, at a minimum of 10 feet, landed on the ground and lost consciousness. According to a neurological report dated 11/03/2014, the patient stated that he experienced constant headache in the occipital area consisting of pressure like pain that stays at a low level and may flare up at times but never goes over a "5-6" level. At times he will get "shooting pain" going into the retro-orbital areas. If he experiences "stressful" situations or "puts thought" into anything he may get worsening headaches. He reported decreased libido, feeling "overwhelmed" when he gets around people and has difficulty recalling names. He also reported "terrible" tinnitus "like a fan in the hood of a range", difficulty sleeping, he had no sense of taste or smell and he described some right shoulder pain. According to the provider, the patient takes ibuprofen that helps "a little bit" and Fioricet "didn't do much". He has taken Norco on one occasion for headache and found it to be helpful. Physical examination revealed no evidence of head/facial trauma or tenderness and no discomfort to palpation of the neck or trapezial areas. There was some discomfort noted in the right clavicular area during testing of right arm strength. Cranial nerve examination including fundoscopy was normal. He could get up on his toes and heels and take steps and tandem gait was age-appropriate. Motor and sensory examination was normal. He could resist fully but needed to exert more in testing of the right arm. Grasp strength measured 125 pounds on the right and 140 pounds on the left. Reflexes were symmetrical 2+, with flexor plantar responses. In a seated position he could extend both legs without complaints. He knew basic information and could multiply 9x7 but not 9x12. After five minutes, he could remember 3/3 objects, but it took him about one minute to recall them all. Diagnostic impression: head trauma/concussion with intracranial bleed, post-traumatic headache, anosmia/ageusia, and complaints of right clavicular discomfort and tinnitus, cognitive and emotional issues, sleep

disturbance. Treatment to date: medication management, activity modification, physical therapy.A UR decision dated 11/3/14 denied the request for Fioricet. According to the Utilization Review Physician it was unclear the type of oral analgesics used in the past for his subjective headaches. It was also unclear if the injured worker underwent the planned neurological assessment per treatment date 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Fioricet

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fioricet is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. However, in the present case, it is noted that this patient has been taking Fioricet since at least 6/20/14, if not earlier. Guidelines do not support the long-term use of Fioricet due to the risk of drug-dependence. In addition, it is noted that he stated that Fioricet "didn't do much". A specific rationale identifying why this patient requires Fioricet despite lack of guideline support was not provided. Therefore, the request for Fioricet is not medically necessary.