

<b>Case Number:</b>	CM14-0204900		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Physical Medicine Rehab, 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 patient is a 56 year old male with date of injury 8/15/08. The treating physician report dated 10/27/14 (23) indicates that the patient presents with pain affecting the back with radiation down the right leg. The physical examination of the lumbar spine reveals bilateral tenderness and trigger point paravertebral muscles on palpation. Straight leg test is positive on both sides. Prior treatment history includes physical therapy, lumbar steroid injection, and prescribed medications of Lyrica, Dilaudid, Mobic and Fioricet. Current medications include Gabapetocaine, Lyrica, Fioricet, Dilaudid, Mobic, Celexa, and Reglan. The current diagnoses are: 1. Thoracic or lumbar disc displacement without myelopathy2. Sciatica3. Occipital neuralgia4. Thoracic or lumbosacral neuritis or radiculitis 5. Unspecified myalgia and myositis 6. Abnormality of Gait7. Head Injury not otherwise specifiedThe utilization review report dated 11/10/14 denied the request for Fioricet 50-325-40 MG #90 (Refill), and Celexa 20 MG #30 (Refill) based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50-325-40 MG #90 (Refill): Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the back with radiation down the right leg. The current request is for Fioricet 50-325-40 MG #90 (Refill). Fioricet contains acetaminophen, butalbital (barbiturates) and caffeine. The MTUS guidelines state that barbiturate containing analgesic agents (BCAs) 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. In this case, no rationale is provided in the treating physician's report dated 10/27/14 for the current request and MTUS guidelines do not recommend BCAs for chronic pain. Recommendation is for denial.

**Celexa 20 MG #30 (Refill):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors). Page(s): 107.

**Decision rationale:** The patient presents with pain affecting the back with radiation down the right leg. The current request is for Celexa 20 MG #30 (Refill). The treating physician report dated 10/27/14 notes that the patient tested negative for depression during his psychiatric examination. The MTUS guidelines state that SSRIs are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. In this case, the patient tested negative for depression, and the MTUS guidelines do not recommend SSRIs for the treatment of chronic pain. Recommendation is for denial.