

<b>Case Number:</b>	CM14-0205282		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/06/2014
<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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 16, 2012. In a Utilization Review Report dated October 13, 2014, the claims administrator denied a request for Fioricet. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS address the topic. The claims administrator stated that its decision was based on an RFA form of October 6, 2014 and associated progress note of October 3, 2014. The applicant's attorney subsequently appealed. On October 30, 2014, the applicant reported ongoing issues with chronic neck pain, chronic posttraumatic headaches, postconcussion syndrome. Cervical MRI imaging was apparently notable for a C5-C6 disk herniation. The applicant had issues with hypothyroidism, it was incidentally noted. The applicant's medication list included Ativan, butalbital, Dexilant, Lexapro, Fioricet, Atarax, Levoxyl, Prilosec, and verapamil. The applicant had a BMI of 27. Physical therapy was endorsed. It was suggested that the applicant was working modified duty. The attending provider himself acknowledged that Fioricet was not a good long-term option for the applicant's headaches. On October 3, 2014, the applicant again reported persistent complaints of migraine headaches, reportedly traumatic. The applicant had had a variety of issues with psychological stress evident. Fioricet, physical therapy, and a headache specialist consultation were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50mg-300mg-40mg #60: Upheld**

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

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

**Decision rationale:** As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are not recommended in the chronic pain context present here. The attending provider, it is further noted, failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue but, rather, acknowledged that ongoing usage of Fioricet was not a good long-term option in his October 30, 2014 progress note, referenced above. Therefore, the request is not medically necessary.