

Case Number:	CM14-0205797		
Date Assigned:	12/16/2014	Date of Injury:	01/13/2005
Decision Date:	02/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 42 year-old female, who sustained an injury on January 13, 2005. The mechanism of injury is not noted. Treatments have included: medications. The current diagnoses are: cervical disc degeneration, cervical strain/sprain. The stated purpose of the request for Med Retro Fioricet 37.5/325 MG #60 was for headaches. The request for Med Retro Fioricet 37.5/325 MG #60 was modified for QTY # 30 on November 5, 2014, citing a lack of documentation of support for long-term use of this medication. Per the report dated October 23, 2014, the treating physician noted complaints of neck pain with radiation. Exam showed intact neurologic exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Retro Fioricet 37.5/325 MG #60: 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 Opioids, On-Going Management, Opioids for Chronic Pain. AND "Barbiturate-containing analgesic a.

Decision rationale: The requested Med Retro Fioricet 37.5/325 MG #60, is not medically necessary. 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. CA MTUS Chronic Pain Treatment Guidelines, p. 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. The injured worker has radicular neck pain and headaches. The treating physician has documented an intact neurologic exam. The treating physician has not documented derived functional improvement nor medical necessity for long-term use of this medication as an outlier to referenced guideline recommendations. The criteria noted above not having been met, Med Retro Fioricet 37.5/325 MG #60 is not medically necessary.