

Case Number:	CM14-0207753		
Date Assigned:	12/19/2014	Date of Injury:	03/08/2014
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal 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 patient is an injured worker with a history of headaches, neck, upper back, shoulder, and upper extremity complaints. Date of injury was March 8, 2014. The primary treating physician's progress report dated November 13, 2014 documented subjective complaints of headaches, neck, upper back, shoulder, and upper extremity complaints. The patient has neck pain and bilateral shoulder pain. She has started physical therapy and has had two session so far. She has also started acupuncture and has had twelve sessions so far which is going extremely well. She says that she can only drive for about five minutes without pain. She continues a home exercise program. She continues with a home exercise program as well as exercises. The patient reports persistent neck pain that radiates through her shoulders down her arms bilaterally to her hands, with numbness in her right elbow, forearm, and first, fourth, and fifth fingers. She has persistent headaches that start at the base of the posterior neck through the entire head. The patient reported bilateral shoulder pain. Her symptoms are exacerbated by forward, overhead motion, or extensive reaching. The neck pain also travels to her mid upper back and notes of spasms. She also reports radiating pain on the posterior aspect of her head. She complains of persistent head aches. The patient reports neck pain. She reports occasional weakness in her arm, for example if she is writing for prolonged periods of time. Her pain is exacerbated by cooking, writing, talking, or prolonged sitting. Her activity continues to be limited by pain. Her sleep continues to be interrupted by the pain. She says that she has constant stabbing pain all over her body. The comprehensive interval form and patient pain diagram were reviewed with the patient. Physical examination was documented. She does have a right wrist cast on today. She has tenderness of the cervical paravertebral musculature with associated spasms, right side greater than left. There is a palpable trigger point in the right upper trapezius. Examination of the thoracic spine notes an increased kyphotic curvature. Cervical Compression test increases neck pain. Positive right

shoulder impingement and cross arm test was noted. Diagnoses were cervical trapezius musculoligamentous sprain and strain with attendant bilateral upper extremity radiculitis, headaches, thoracic spine musculoligamentous sprain and strain, and bilateral shoulder complaints. Treatment plan included a request for Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60 (quantity/dosage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet Barbiturate-containing analgesic agents (BCAs) Page(s): 47; 23.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Fioricet which is categorized as a barbiturate-containing analgesic agent (BCA). Barbiturate-containing analgesic agents (BCA) 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. There is a risk of medication overuse as well as rebound headache. Medical records document the long-term use of Fioricet, which is not supported by MTUS guidelines. Therefore, the request for Fioricet is not supported by MTUS guidelines. Therefore, the request for Fioricet #60 (quantity/dosage unspecified) is not medically necessary.