

Case Number:	CM14-0209216		
Date Assigned:	01/13/2015	Date of Injury:	07/05/2001
Decision Date:	02/12/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 50-year-old man who sustained a work related injury on July 5, 2001 resulting in injuries to his neck and shoulder. According to a progress note dated November 5, 2014, the patient complained of nausea for which he was prescribed Omeprazole. Increased fatigue. Increased right shoulder pain. He complained of vertigo since around March 2014. Auditory and visual hallucination has returned. The patient was scheduled to see a psychologist. Nose was better since [REDACTED] surgery on October 22, 2013. The patient reported increased headaches, lost weight, left lower extremity pain, and increased cervical spine pain radiating to right upper extremity. Shortness of breath, nocturnal jerk, law pain, epistaxis, disequilibrium, erectile dysfunction, and near syncopal episodes. The patient was diagnosed with post traumatic nasal septal deviation, cervical strain, status post right shoulder arthroscopy, severe OSA on CPAP, post traumatic head syndrome dizziness, and bruxism. The provider requested authorization for Fioricet.

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 Chronic Pain Treatment Guidelines.

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

Decision rationale: Fioricet is a Barbiturate-containing analgesic agents (BCAs). According to MTUS guidelines, < 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 enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)>. There is no documentation of chronic headaches and no justification for long term use of Fioricet. Therefore, the prescription for Fioricet is not medically necessary.