

<b>Case Number:</b>	CM14-0209357		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 records presented for review indicate that this 38-year-old gentleman sustained an injury on June 28, 2010. The mechanism of injury was a fall 7 feet from a ladder and landing on the left side. The most recent progress note is dated December 1, 2014 and includes complaints of depression, appetite changes, sleep disturbance, lack of motivation, excessive worry, tension, changes in weight, decreased energy, agitation, inability to relax, pressure, pessimism, diminished self-esteem, weight gain, shaking, chest pain, palpitations, and nausea. Objective observation of the injured employee revealed depressed facial expressions, visible anxiety, and emotional withdrawal. It was stated though that there was functional improvement and that the injured employee had become less depressed, irritable, and fatigued, there was a diagnosis of major depressive disorder and generalized anxiety disorder. A report on medical management dated November 6, 2014 also indicate symptoms of depression, anxiety, and stress. Medications prescribed on this date include Fioricet and ProSom. These medications were stated to not have any side effects that are intended to interact to improve anxiety, depression, confusion, and emotional control as well as stress related medical complaints. Additionally, and EKG dated July 22, 2013 reveals an active right-sided S-1 radiculopathy and an old left-sided L5 radiculopathy and a functional capacity evaluation dated May 12, 2014 found the injured employee to be functioning at the medium physical demand level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Fiorcet # 60:** 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) Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "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. Furthermore the California MTUS guidelines recommends ongoing usage of opioid medications to be justified by documentation of objective pain relief and increased ability to perform activities of daily living as well as comments regarding side effects and aberrant behavior. Recent notes in the attached medical record do not indicate that the injured employee has had any previous objective decrease in pain with usage of Fiorcet nor is there any mention of increased ability to function or potential aberrant behavior. It is also unclear how Fiorcet is stated to be able to improve the injured employees anxiety, depression, confusion, and emotional control. For these reasons, and without further justification and clarification, this request for Fiorcet is not medically necessary.