

Case Number:	CM14-0210545		
Date Assigned:	12/23/2014	Date of Injury:	06/29/2006
Decision Date:	02/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/16/2014

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:

This individual is a 48 y/o female who developed chronic pain subsequent to an injury dated 6/29/06. She has been diagnosed with low back pain, right foot pain and right upper extremity difficulties. Her diagnosis includes a CRPS syndrome involving the right lower extremity. Her pain levels are 10/10 as a baseline without medications. The medications include high dose opioids (Oxycontin, Oxycodone) Klonopin, Xanax, Ambien and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40 mg QTY: 720: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics Page(s): 23. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/fioricet.html>.

Decision rationale: Fioricet is a Barbiturate containing analgesic. MTUS Guidelines are very specific in stating that this class of drugs is not recommended for chronic pain management. There are no unusual circumstances to justify an exception to Guidelines. The Fioricet 50/325/40 mg #720 is not medically necessary.

