

Case Number:	CM14-0212257		
Date Assigned:	01/02/2015	Date of Injury:	08/11/1995
Decision Date:	02/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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 Family Practice, 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:

52 yr. old female claimant sustained a work injury on 8/11/95. She had chronic daily headaches for which she underwent occipital blocks. A progress note on 5/14/14 indicated the claimant had 2/10 depression. Her pain impacted her daily activities. Exam findings were unremarkable. She had taking Topamax, Fioricet, Elavil, Diamox and Norco. A progress note on 10/22/14 indicated the claimant had been feeling depressed and having constant headaches. Medications had helped her pain reduce from 9/10 to 2/10. She was also able to function 50% better while on the medication. She was requested to continue on the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet, #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCA), Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates Page(s): 23.

Decision rationale: Fioricet contains barbiturates, Tylenol and Caffeine. Fioricet is indicated for headaches and migraines. The clinical notes did not indicate headaches or response to medication for treating pain. According to the guidelines, barbiturates containing compounds 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. The claimant had been on Fioricet for a prolonged period of time. Continued and long-term use is not medically necessary.

Norco 10/325 mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and migraines

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for several months. It is also not indicated for chronic headaches/migraine therapy. The continued use of Norco is not medically necessary.