

Case Number:	CM14-0214786		
Date Assigned:	01/07/2015	Date of Injury:	11/22/2011
Decision Date:	08/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 51-year-old who has filed a claim for chronic neck pain and posttraumatic headaches reportedly associated with an industrial injury of November 22, 2011. In a Utilization Review report dated December 19, 2014, the claims administrator failed to approve a request for Fioricet (butalbital-codeine-Tylenol). A partial approval was apparently issued for weaning or tapering purposes. Non-MTUS ODG Guidelines were invoked in the determination, as was an RFA form dated October 28, 2014. The applicant's attorney subsequently appealed. On October 28, 2014, the applicant reported ongoing complaints of low back pain, neck pain, and posttraumatic headaches. 6/10 pain complaints were noted. The applicant stated that Fioricet and Flexeril were helpful in terms of ameliorating his pain complaints. A Toradol injection was given in the clinic. The applicant was returned to regular duty work on paper, although the treating provider suggested that the applicant was not, in fact, working. Fioricet was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital with codeine 50/325/40/30 one to two q4-6 hours; NTE 6 qd #60 with 1 refill:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

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

Decision rationale: No, the request for butalbital-codeine (AKA Fioricet), a barbiturate-containing analgesic, is not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as the butalbital-codeine (Fioricet) amalgam at issue are "not recommended" in the chronic pain context present here. Here, the attending provider failed to furnish a clear or compelling rationale for provision of this particular agent in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.