

<b>Case Number:</b>	CM14-0057800		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/02/2005
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 55-year-old male who reported an injury on 05/02/2005. The mechanism of injury was not specifically stated. The latest physician progress report submitted for review is documented on 02/27/2014. The injured worker presented with complaints of 8/10 pain without medication and 4/10 pain with medication. It was noted that the injured worker is actively participating in a home exercise program. The current medication regimen includes MS Contin 30 mg, Fioricet, trazodone 100 mg, Soma, Zoloft 100 mg, and Xanax 0.5 mg. The injured worker has a surgical history significant for 3 left shoulder surgeries and 2 right shoulder surgeries. The current diagnoses include unspecified myalgia and myositis, acute reaction to stress, hypertension, thoracic/lumbosacral neuritis/radiculitis, headaches, intervertebral cervical disc disorder with myelopathy, brachial neuritis or radiculitis, degeneration of cervical intervertebral disc, cervical postlaminectomy syndrome, and cervicgia. Upon examination, there was evidence of diminished deep tendon reflexes in the upper and lower extremities, negative straight leg raise, diminished cervical range of motion, decreased strength in the left upper extremity, decreased sensation in the left upper extremity, tenderness over the medial joint line of the knee, limited range of motion of the knee with positive McMurray's sign, and negative anterior and posterior drawer maneuver. Recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50/325/40mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines do not recommend barbiturates containing analgesic agents. There is a risk of medication overuse, as well as rebound headache. The injured worker has utilized the above medication since 2013. There was no mention of functional improvement. The request as submitted also failed to indicate a frequency. Based on the information received, and the California MTUS Guidelines, the request is not medically appropriate.