

Case Number:	CM14-0064649		
Date Assigned:	07/11/2014	Date of Injury:	03/16/1988
Decision Date:	05/27/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 77-year-old male, who sustained an industrial injury on March 16, 1988. He reported right sided neck pain, right sided low back pain, right sided numbness and weakness of the lower extremities and bilateral upper extremity weakness and numbness. The injured worker was diagnosed as having post laminectomy syndrome. Treatment to date has included radiographic imaging, diagnostic studies, cervical and lumbar fusion, trigger point injections, epidural steroid injections, aqua therapy, acupuncture, chiropractic care, medications and work restrictions. Currently, the injured worker complains of continued right sided neck pain, right sided low back pain, right sided numbness, weakness of the lower extremity, bilateral upper extremity weakness, and numbness with associated depression and anxiety. The injured worker reported an industrial injury in 1988, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 27, 2014, revealed continued pain with associated depression and anxiety. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet with Codeine 50mg-325mg-40mg-30mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs) Codeine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches, Barbiturate-Containing Analgesic Agents (BCAs) Page(s): 6, 23.

Decision rationale: The claimant has a remote history of a work injury occurring in March 1990, continues to be treated for neck and low back pain with upper and lower extremity weakness and numbness, and has depression and anxiety. He has difficulty sleeping. Notes also reference head and eye pain. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet with codeine is not medically necessary.