

<b>Case Number:</b>	CM15-0006480		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/03/1992
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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

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 61-year-old female who reported an injury on 06/01/1994. The mechanism of injury was not provided. She is diagnosed with bilateral shoulder impingement syndrome, bilateral thoracic outlet syndrome, cervical discopathy, cervicogenic migraine headaches, fibromyalgia, and bilateral upper extremity neuropathy. Her past treatments were noted to include medications and trigger point injections to the right thumb. At her followup appointment on 12/03/2014, the injured worker's symptoms were noted to include ongoing right hand and thumb pain, rated 8/10, as well as bilateral shoulder pain, persistent headaches, and low back pain with radiation to the lower extremities. The physical examination revealed pain on scapular retraction and swelling and inflammation of the bilateral levator scapula. There was also weakness in the deltoid musculature and decreased sensation in the lateral aspect of the deltoid. A cortisone injection to the right shoulder was recommended due to her significant right shoulder pain at that visit. Additionally, a refill of Fiorcet was recommended to be used as needed for her headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BCA's.

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

**Decision rationale:** According to the California MTUS Guidelines, barbiturate containing analgesic agents are not recommended for chronic pain. The guidelines go on to state the potential for drug dependence is high and there is no evidence to show a clinically important enhancement of analgesic efficacy and there is risk of medication overuse and rebound headache. The clinical information submitted for review indicated that the injured worker had significant symptoms of headache and had been utilizing Fioricet as needed for at least 6 months. However, documentation regarding efficacy of this treatment was not provided and the guidelines specifically state barbiturate containing analgesic agents are not recommended for chronic pain. Therefore, continued use is not supported. Additionally, the request as submitted failed to indicate a frequency. For these reasons, the request is not medically necessary.