

<b>Case Number:</b>	CM15-0008067		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 (IW) is a 47 year old female, who sustained an industrial injury on 04/22/2009. She reported sudden onset back pain. The injured worker was diagnosed with multiple herniated disks and had back surgery. Her current diagnoses (12/11/2014) are history of lumbar fusion with retained hardware, exacerbation of lumbar pain with radiculopathy, depression and anxiety. Treatment to date has included two lumbar spine surgeries, medications, and epidural blocks. Currently, the injured worker complains of chronic pain in the lumbar spine. According to a secondary physician pain management follow-up report of 12/11/2014, she has worsening symptoms with significant increase in stiffness and spasm. Her oral medications have given her no reported side effects, but she has verbal analog pain scores reaching as high as 8/10. Her gait is antalgic. Physical examination shows spasm and tenderness in the lower lumbar spine and is noted to have some guarding and decreased range of motion of the lumbar spine. Treatment plans include medications of Fioricet, Xanax, and Zolpidem CR. Hardware removal may be an option. She is having physical therapy sessions and has been encouraged to come up with a therapy program to do at home during these sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Fioricet Page(s): 23, 47.

**Decision rationale:** Based on the 8/7/14 progress report provided by the treating physician, this patient presents with chronic L-spine pain radiating to the lower extremities bilaterally. The treater has asked for FIORICET #60 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p multiple spine surgeries, including a micro decompression arthrodesis, and recent lumbar spine fusion with retained hardware sometime between 7/25/14 and 8/7/14 reports. The patient is also s/p anesthetic block, with approximately one week of pain relief with 80% improvement of low back pain per 10/9/14 report. The patient is currently taking Norco, Percocet, and Flexeril. The patient has failed conservative treatments such as Lidocaine patches, unspecified cream, and an urine drug screen. The patient's work status is not included in the provided documentation. MTUS, p23, regarding Barbiturate-containing analgesic agents (BCAs) states: 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). See also Opioids. In this case, the patient has been on Fioricet since at least 10/9/14. The 10/9/14 states: she had some increased pain in her upper back and neck area and increased level of neck pain and recently has been provided with Fioricet. The patient is suffering from chronic neck/back pain but there is no mention of headaches per review of reports dated 1/13/14 to 12/11/14. MTUS guidelines do not recommend this medication in such cases due to high dependency. Fioricet is sometimes used for acute headaches, but not recommended due to a risk of overuse as well as rebound headaches. The IS NOT medically necessary.