

Case Number:	CM15-0103257		
Date Assigned:	06/05/2015	Date of Injury:	08/02/2011
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/29/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 57 year old female, who sustained an industrial injury on August 2, 2011. The injured worker was diagnosed as having headache. Treatment to date has included medication. A progress note dated April 27, 2015 provides the injured worker complains of daily headaches lasting 30 to 60 minutes. There is occasional lightheadedness. She reports significant relief with Fioricet. She also reports neck and back pain and anxiety being treated by other physicians. Physical exam notes non tender parietal scar. There is an appearance of a flat affect. There is note of cervical tenderness on palpation. She reports Fiorinal is more effective than Fioricet for headache relief. The plan includes Fiorinal and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Fioricet/Fiorinal are BCAs that are not recommended for chronic pain by the CA MTUS. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. In this case the patient is a headache victim and there is a risk of medication overuse as well as rebound headache. Therefore the request is not medically necessary or appropriate.