

Case Number:	CM15-0106271		
Date Assigned:	06/10/2015	Date of Injury:	04/23/2009
Decision Date:	07/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented 64-year-old who has filed a claim for headaches, major depressive disorder, anxiety, erectile dysfunction, and gastroesophageal reflux disease (GERD) reportedly associated with an industrial injury of April 23, 2009. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for Fioricet. The claims administrator referenced an RFA form received on April 29, 2015 and an associated progress note of April 17, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten prescription form seemingly dated April 17, 2015, difficult to follow, not entirely legible, Lidoderm patches, Risperdal, Fioricet, and Prilosec were renewed. An associated progress note of the same date was likewise difficult to follow, thinly developed, handwritten, not altogether legible, and suggested, through usage of preprinted checkboxes, that the applicant continued to report a variety of symptoms including depression, poor motivation, poor energy levels, difficulty thinking, inability to relax, tension, anxiety, etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Barbiturate-Containing Analgesic Agents (BCAs).

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

Decision rationale: No, the request for Fioricet, a barbiturate-containing analgesic, was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the chronic pain context present here owing to potential for drug dependence and lack of evidence to show a clinically important enhancement of analgesic efficacy of barbiturate-containing analgesics. Here, the attending provider's progress note of April 17, 2015 did not contain much in the way of narrative commentary and failed to provide significant support for ongoing usage of Fioricet in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.