

Case Number:	CM15-0106342		
Date Assigned:	06/10/2015	Date of Injury:	02/18/2009
Decision Date:	07/16/2015	UR Denial Date:	05/04/2015
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 a represented 66-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 18, 2009. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve a request for Fioricet. The claims administrator referenced a progress note dated April 15, 2015 and associated RFA form of April 28, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated February 20, 2015, the applicant was given a rather proscriptive 5-pound lifting limitation. The treating provider acknowledged that the applicant was off of work, on total temporary disability, owing to said limitation. 6-7/10 neck and low back pain complaints were reported. The note was very difficult to follow, handwritten, did not clearly relayed the applicant's complete medication list, although it did appear that Norco was renewed. On April 13, 2015, the applicant was again described as not working owing to multifocal complaints of neck pain, back pain, and headaches. Fioricet was apparently prescribed. Epidural steroid injection therapy was sought. It was acknowledged that the applicant was not working in multiple sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 47.

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. The attending provider failed to furnish a compelling rationale for provision of Fioricet in the face of the unfavorable MTUS position on the same. The attending provider failed to furnish rationale for Fioricet, a drug for which potential drug dependence is high, per page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, particularly in light of the fact that the applicant was concurrently using Norco, an opioid agent. Therefore, the request was not medically necessary.