

Case Number:	CM15-0108819		
Date Assigned:	06/15/2015	Date of Injury:	03/30/2011
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 59 year old female with a March 30, 2011 date of injury. A progress note dated May 8, 2015 documents subjective findings (pain can go as high as 8/10 but decreased to 6/10 on current medical regimen; consistently receives 30% to 40% pain relief with medications which lasts a good four to five hours), objective findings (antalgic gait; tenderness to palpation of the posterior lumbar musculature bilaterally with increased muscle rigidity; numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles; decreased range of motion with obvious muscle guarding; decreased deep tendon reflexes of the patella and Achilles tendon; decreased sensation along the posterior lateral thigh and posterior lateral calf on the left; positive straight leg raise on the left), and current diagnoses (lumbar myoligamentous injury with left lower extremity radicular symptoms; lumbar facet syndrome; migraine headaches; medication-induced gastritis). Treatments to date have included electromyogram of the lower extremities (October 28, 2014; showed acute left L5 and chronic left S1 radiculopathy), computed tomography scan of the lumbar spine (October 21, 2011; showed degenerative anterolisthesis of L5-S1 with moderate to severe facet arthropathy; posterior disc protrusion at L4-L5 with mild to moderately stenotic neural foramen), lumbar spine fusion, medications, and physical therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #120 3-4 tab daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs, barbiturate-containing analgesic agents (BCAs) Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Fioricet.

Decision rationale: Pursuant to the Official Disability Guidelines, Fioricet #120, 3 to 4 tablets per day is not medically necessary. Barbiturate containing analgesic agents (butalbital) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. In this case, the injured worker's working diagnoses are lumbar myoligamentous injury with left lower extremity radicular symptoms; lumbar facet syndrome; migraine headaches; medication induced gastritis; and status post PLIF at L4 - L5 and L5 - S1 on December 11, 2014. The earliest progress note containing a Fioricet prescription is dated March 28, 2014. Additional medications include MS Contin 30 mg, Percocet 10/325 mg, Soma 350 mg and Anaprox DS 550 mg. Migraine headache is a listed diagnosis. Fioricet is not indicated for migraine headaches. Fioricet is not recommended for chronic pain. The potential for drug dependence is high and there is no evidence to clinically show enhancement of analgesic efficacy. There is no workup for the injured worker's headaches in the medical record. There is no documentation demonstrating objective functional improvement with ongoing Fioricet. There was a peer-to-peer conference call between the utilization review provider and treating provider with an agreement to taper Fioricet. The most recent progress note dated May 8, 2015 shows the same medications (without any attempt to taper) enumerated in the March 28, 2014 progress note. Consequently, absent guideline recommendations for continuing Fioricet and peer-to-peer conference call agreeing to taper Fioricet, Fioricet #120, 3 to 4 tablets per day is not medically necessary.