

Case Number:	CM15-0131294		
Date Assigned:	07/17/2015	Date of Injury:	04/04/2010
Decision Date:	09/11/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 49-year-old male, who sustained an industrial injury on 04/04/2010. The injury occurred when he slipped and fell backwards while on a ladder. He did not fall to the ground but turned upside down on the ladder striking his back to the ladder and catching himself with the distal thighs. According to a progress report dated 03/12/2015, the provider noted that the injured worker had developed stenosis at L5-S1 from collapse of the disc space, slight retrolisthesis and then a far lateral nerve impingement. The injured worker reported having some pain at the base of his neck. Active voluntary range of motion of the cervical spine disclosed the injured worker was very guarded in neck motion. He complained of moderate pain at the extremes of motion. He had significant paralumbar spasm in the left side of his low back. The injured worker received a trigger point injection. A prescription was given for Fioricet 1 every six hours as needed for headache 6-day maximum. According to a neurological agreed medical examiner's supplemental report dated 03/22/2015, medical records referenced included a neurological evaluation on 11/08/2012 that noted that the injured worker appeared to have had migraine headaches as a teenager and was complaining of frequent severe headaches that occurred about 2-3 times a week since being placed on Coumadin for a deep venous thrombosis that was diagnosed in 2011. If Coumadin were continued, the provider noted that medications such as Depakote or Topamax could be considered. Referenced records noted that Fiorinal had been used for headaches with some relief. Utilization of Fioricet for headaches dated back to 07/08/2013. On 04/15/2015, the injured worker reported neck pain and spasms, radiating pain into the shoulders and upper arms and pain in the low back radiating into the buttocks. There was no discussion of headaches. A prescription was given for Fioricet. On 05/15/2015,

the injured worker was having a moderate amount of pain in the region of his left sacroiliac joint. There was no discussion of headaches. Authorization was requested for Butalbital 50/325/40 mg. Diagnoses included degenerative disc disease lumbar. Currently under review is the request for Butalbital/Tylenol/Caffeine (Fioricet) 50mg/325 mg/40 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butalbital/Tylenol/Caffeine (Fioricet) 50mg/325mg/40mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach for Chronic Pain Management, Barbiturate Containing Analgesics Page(s): 9, 23, 47, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Barbiturate Containing Analgesics.

Decision rationale: Barbiturate-containing analgesic agents (BCAs) are 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. Fioricet contains butalbital, tylenol, and caffeine. The literature reported that butalbital containing combination analgesics should be avoided in migraine headache management. When used, it should be closely monitored to avoid overuse and dependence. It is recommended to be used less than 10 days/month. According to the CA MTUS, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Guidelines state that only one medication should be given at a time. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with use of Fioricet. Guidelines do not recommend BCAs for chronic pain. Medical necessity for the requested treatment has not been established. The requested medication is not medically necessary.