

<b>Case Number:</b>	CM15-0135627		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 05-01-2009. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-17-2015 the injured worker has reported headaches, dizziness and neck lower back pain and anxiety and depression and sleep difficulty. On examination of the head was noted to have nuchal scalp tenderness and a normal examination of cranial nerves II through XII. Neck was noted the have a restricted range of motion. And tenderness to palpation of the cervical paraspinal muscles bilaterally with spasms was noted. There was diminished sensation to pin and light distal to both wrists to both ankles. Vestibular function testing was noted as head turning and arising from a forward flexed position did not precipitate, lightheadedness, vertigo or nystagmus on examination. There was no spontaneous, gaze or positional nystagmus. Optokinetic nystagmus could be elicited and was bilaterally symmetrical. The diagnoses have included sprain in neck. Treatment to date has included medication. The provider requested Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet for chronic pain (BCAs).

**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 #60 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 workers working diagnoses are not clearly documented. The date of injury is May 1, 2009. Request for authorization is dated June 24, 2015. According to a November 21, 2014 progress note the injured worker complains of headaches that last one hour to three days. The treating provider (a neurologist) prescribed Fioricet and had an adequate supply. 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. Consequently, absent guideline recommendations for barbiturate containing analgesic agents (butalbital), Fioricet #60 is not medically necessary.