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| Case Number: | CM15-0137513 | | |
| Date Assigned: | 07/27/2015 | Date of Injury: | 05/28/2014 |
| Decision Date: | 09/11/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/15/2015 |

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on 05-21-2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-18-2015 the injured worker has reported headache intermittently. On objective findings no focal neurological deficits were noted. The diagnoses have included post traumatic head syndrome and post traumatic seizure disorder. Treatment to date has included medication. The injured work was noted not to be working. The provider requested Fioricet 50mg-300mg-40mg #30, 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50mg/300mg/40mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituarates Page(s): 23.

Decision rationale: Fioricet contains barbiturates, Tylenol and Caffeine. Fioricet is indicated for headaches and migraines. The clinical notes did not indicate headaches or response to medication for treating pain. According to the guidelines, barbiturates containing compounds 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. The claimant had been on Keppra with recently increasing headaches. There was no mention of Triptan failure. Fioricet is not indicated as 1st to 2nd line in management of headaches. The use of Fioricet is not medically necessary.