MAXIMUS Federal Services

Case Number:	CM15-0138360		
Date Assigned:	07/28/2015	Date of Injury:	04/18/2011
Decision Date:	08/25/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old male who sustained an industrial/work injury on 4/18/11. He reported an initial complaint of neck, upper back, and right shoulder pain. The injured worker was diagnosed as having derangement of joint, not otherwise specified, shoulder, cognitive disorder, and mood disorder due to traumatic brain injury. Treatment to date includes medication, surgery (left shoulder compression in 3/2014), physical therapy, orthopedic consultation, and diagnostics. Currently, the injured worker complained of neck, upper back, and right shoulder pain rated 6-7/10. There was also low back pain and right knee pain. There was also anxiety along with nightmares. Per the primary physician's report (PR-2) on 5/18/15, exam noted range of motion of the cervical spine was reduced and there was tenderness to paraspinals and trapezius, tenderness to the lower lumbar spine with spasm along with reduced range of motion. The requested treatments include Fioricet #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, p6 (2) Barbiturate-containing analgesic agents (BCAs), p23 Page(s): 6, 23.

Decision rationale: The claimant sustained a work-related injury in April 2011 and continues to be treated for neck, upper back, and right shoulder pain. He has a history of a traumatic brain injury with significant injuries. When seen, he was participating in physical therapy. There was decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. The claimant is also being treated for post-traumatic headaches and insomnia. Keppra, Nucynta, Trazodone, Fioricet, and Senokot-S were prescribed. In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of his headaches cannot be determined. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.