

Case Number:	CM15-0139304		
Date Assigned:	07/29/2015	Date of Injury:	01/11/2013
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on January 11, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having displaced lumbar intervertebral disc disease, cervicgia, other symptoms referable, and disturbance in skin sensation. Treatment and diagnostic studies to date have included a medication regimen. In a progress note dated April 07, 2015 the treating physician reports an increase in pain from the day prior. Examination reveals continued upper back and neck pain, decreased range of motion secondary to severe cervical spinal pain, swelling to the lower cervical paraspinal muscles, and tenderness. The injured worker's current medication regimen included Norco, Ambien, Xanax, Prilosec, and Ibuprofen, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician requested the medication Fioricet 5-325-40 mg with a quantity of sixty, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorcet 5/325/40 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: According to CA MTUS, Barbiturate containing compounds such as Fiorcet 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)." Additionally, from my review of the provided records there did not seem to be any significant functional improvement with the current pain medications. Therefore, lacking clinical evidence of efficacy and based on the cited guidelines, this medication is not medically necessary at this time.