

Case Number:	CM15-0140879		
Date Assigned:	07/30/2015	Date of Injury:	05/30/2003
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 5-30-2003. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include chronic pain, carpal tunnel syndrome, temporomandibular joint disorder, cirrhosis, hepatic encephalopathy, and chronic pancreatitis, cervical spondylosis with myelopathy, postlaminectomy syndrome, status post cervical spine surgery, headache and cervicalgia. Currently, she complained of pain in bilateral head, scalp, neck, and bilateral shoulder with radiation to the low back. She reported daily headaches. Current medications listed included morphine sulfate 15mg tablets at night and Fioricet one a day. On 6-8-15, the physical examination documented multiple areas of tenderness with palpation, decreased range of motion and muscle spasms. The plan of care included a prescription for Fioricet #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs) Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Pain (Chronic)' Chapter under 'Barbiturate-containing analgesic agents (BCAs)'.

Decision rationale: The 53 year old patient complains of neck pain, shoulder pain, upper and lower back pain, headaches, and jaw pain, as per progress report dated 06/08/15. The request is for Fioricet # 60. The RFA for this case is dated 06/08/15, and the patient's date of injury is 05/30/03. Diagnoses, as per progress report dated 06/08/15, included chronic bilateral carpal tunnel syndrome, chronic bilateral shoulder impingement syndrome, chronic cervical pain, chronic bilateral ulnar nerve entrapment, chronic intractable spinal pain, chronic bilateral TMJ syndrome, intermittent swelling of upper extremities, chronic headaches, chronic depression. The patient is status post anterior fusion from C3 to C6. Medications, as per progress report dated 06/07/15, included Omeprazole, Morphine sulfate, Hydroxyzine, Sirolactone, Simvastatin, Lidoderm patch, Humalog KwikPen, and Insulin. The patient is not working, as per progress report dated 06/08/15. ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Barbiturate-containing analgesic agents (BCAs)', states that Fioricet is "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) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates." In this case, a prescription for Fioricet is noted in progress report dated 06/02/15. As per the report, the patient suffers from daily headaches and takes one Fiorinal per day. The treater is requesting for a refill in progress report dated 06/08/15. The patient suffers from chronic neck pain and headaches. However, ODG guidelines do not recommend Barbiturate-containing analgesics for chronic pain. Hence, the request IS NOT medically necessary.