

<b>Case Number:</b>	CM15-0149454		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/01/1989
<b>Decision Date:</b>	09/14/2015	<b>UR Denial Date:</b>	07/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: Texas, New York, California  
 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 applicant is a represented 53-year-old who has filed a claim for chronic neck pain with derivative complaints of headaches reportedly associated with an industrial injury of January 1, 1989. In a Utilization Review report dated July 26, 2015, the claims administrator partially approved a request for Fioricet, apparently for weaning or tapering purposes. The claims administrator referenced an RFA form received on July 22, 2015 and an associated progress note of July 14, 2015 in its determination. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant reported "debilitating" neck pain with derivative complaints of headaches, 7-9/10, status post earlier failed cervical spine surgery. The applicant was on naproxen, Norco, Prilosec, Fioricet, Fexmid, Nasonex, Singulair, Remeron, prednisone, Lidoderm, Neurontin, Imitrex, Gaviscon, Fosamax, and belladonna, it was reported. In a handwritten note dated June 9, 2015, the applicant was placed off of work, on total temporary disability. On June 16, 2015, the applicant's pain management physician again reported that the applicant had ongoing complaints of neck pain and headaches. The applicant was using Norco, Fosamax, Gaviscon, belladonna, Imitrex, Neurontin, LidoPro, naproxen, Fioricet, Flexeril, Nasonex, Singulair, and ramipril, it was reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50/325 #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** No, the request for Fioricet, a barbiturate-containing analgesic, was not medically necessary, medically appropriate, or indicated here. The request in question represented a renewal or extension request of Fioricet. The applicant had seemingly been using the same on a daily basis for what appeared to have been a minimum of several months. However, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines notes that barbiturate-containing analgesics such as Fioricet are "not recommended" in the chronic pain context present here. Continued usage of Fioricet, thus, ran counter to principles articulated on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.