

Case Number:	CM15-0162317		
Date Assigned:	08/28/2015	Date of Injury:	01/12/2008
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/19/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 43-year-old male, who sustained an industrial injury on January 12, 2008. He reported an injury to his head and forehead. Treatment to date has included diagnostic imaging, ophthalmology consultation, ENT consultation, medications, TENS unit, trial of acupuncture, pain patches, and physical therapy. The injured worker had a neurological examination on July 31, 2015 for evaluation of post-traumatic headaches. He continues to report ongoing pain in his neck, lower back, and headaches. He notes that his headaches radiate from the neck into the bicipital occipitalis and the bifrontal regions. He reports intermittent blurriness in the bilateral eyes and continued to have feelings of imbalance. He has occasional photophobia with headache symptoms and denies nausea. He reports continued sleep difficulties. On physical examination, the injured worker has no evidence of dysarthria or aphasia. He has tenderness to palpation over the cervical spine with guarding noted on range of motion testing. He has tenderness to palpation over the lumbar paraspinal muscles with guarding noted on lumbar flexion. Extraocular movements were grossly intact. His strength was grossly full in the bilateral upper extremities and the bilateral lower extremities and he had no evidence of dysmetria on finger-nose-finger testing. His gait is grossly non-antalgic. The diagnosis associated with the request is post-traumatic headaches. The treatment plan includes Topamax, trial of Fioricet and discontinuation of Sumatriptan, continued physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50-300-40mg Qty: 60 with 1 refill (prescribed on 7/31/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version); Medline Plus.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Fioricet.

Decision rationale: Pursuant to the Official Disability Guidelines, Fioricet 50/300/40 mg #60 with one refill prescription date July 31, 2015 is not medically necessary. Barbiturate containing analgesic agents (butalbital) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. In this case, the injured workers working diagnosis is post traumatic headaches. Date of injury is January 12, 2008. Request for authorization is July 31, 2015. According to a July 31, 2015 progress note, the injured worker sustained injury to his head with subsequent posttraumatic headache. There was questionable loss of consciousness. The injured worker has ongoing headaches, neck pain and low back pain. Current medications include fentanyl, Topamax and Nuvagil. Barbiturate containing analgesic agents (butalbital) is not recommended for chronic pain. The treating provider is trialing Fioricet. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for using Fioricet for chronic pain, Fioricet 50/300/40 mg #60 with one refill prescription date July 31, 2015 is not medically necessary.