

Case Number:	CM15-0162895		
Date Assigned:	08/31/2015	Date of Injury:	04/03/1997
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
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: 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 47-year-old who has filed a claim for chronic neck, shoulder, and knee pain reportedly associated with an industrial injury of April 3, 1997. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for Fioricet. The claims administrator referenced an April 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 24, 2015 progress note, the applicant reported multifocal complaints of neck, upper back, lower back, knee, and shoulder pain with derivative complaints of headaches. The applicant's medication list included Fiorinal with Codeine, Norco, Valium, Pamelor, Ambien, Soma, Intermezzo, Voltaren gel, Topamax, Relpax, Relafen, Lidoderm patches, Pristiq, Wellbutrin, Ativan, and Sprix nasal spray, it was reported, several of which were continued and/or renewed. Acupressure, house cleaning service, a gym membership, and a lumbar traction device were endorsed. The applicant's work status was not explicitly endorsed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Codeine/Butalbital/Acetaminophen/Caffeine (Fiorinal with Codeine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The request for Fiorinal with Codeine, a barbiturate-containing analgesic, was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the chronic pain context present here. Here, the attending provider failed to furnish a clear or compelling rationale for continued usage of the same in the face of the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.