

<b>Case Number:</b>	CM15-0167020		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/14/2001
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 56 year old female who sustained an industrial injury on 03-14-01. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include spasm in the back and neck, weakness, right sided tremors, as well as dizziness. Current diagnoses include closed head injury with chronic post traumatic headaches persistent right-sided weakness, right hemispheric chronic neuropathic pain, dysmetria, and tremor; decreased cognition, persistent headache and narcolepsy; chronic cervical, thoracic and lumbar muscle tension and pain, dyspepsia-esophageal reflux from central nervous system injury with frequent belching, gait instability, dizziness, and chronic central neuropathic pain syndrome. In a progress note dated 07-08-15 the treating provider reports the plan of care as medications including Fioricet, Nexium, and Nucynta. The requested treatment includes Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fiorcet tab, sixty count:** 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 injured worker is a 56 year old female who sustained an industrial injury on 03-14-01. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include spasm in the back and neck, weakness, right sided tremors, as well as dizziness. Current diagnoses include closed head injury with chronic post traumatic headaches persistent right -sided weakness, right hemispheric chronic neuropathic pain, dysmetria, and tremor; decreased cognition, persistent headache and narcolepsy; chronic cervical, thoracic and lumbar muscle tension and pain, dyspepsia-esophageal reflux from central nervous system injury with frequent belching, gait instability, dizziness, and chronic central neuropathic pain syndrome. In a progress note dated 07-08-15 the treating provider reports the plan of care as medications including Fioricet, Nexium, and Nucynta. The requested treatment includes Fioricet.