

Case Number:	CM15-0167423		
Date Assigned:	09/08/2015	Date of Injury:	01/20/2014
Decision Date:	10/13/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 31 year old male, who sustained an industrial injury on January 20, 2014. He reported injury to his head, neck and lower back. The injured worker was diagnosed as having headache, dizziness and back pain. Treatment to date has included exercises, psychiatric treatment, physical therapy for his shoulder and spine, manual therapy, posture pump for lumbar spine, neuromuscular reeducation and medication. On August 3, 2015, the injured worker complained of chronic daily headaches. They were described as bifrontal with a pressure sensation without nausea. The headaches were noted to be somewhat increased with activity. The treatment plan included exercises and Fioricet medication for headaches. A request was made for Fioricet 50-325-40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, (2) Barbiturate-containing analgesic agents (BCAs) Page(s): 6 and 23.

Decision rationale: The claimant sustained a work-related injury in December 2014 while welding a gasoline tank that exploded with trauma including a left orbital fracture and subarachnoid hemorrhage. When seen, he was having chronic dally headaches, which were bifrontal with pressure and activity related. Medications included tramadol, ibuprofen, Diclofenac, Diflunisal, Depakote Meclizine, and Fioricet. There was a normal BMI and neurological examination. Depakote had been ineffective and was discontinued. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache with multiple NSAID medications and Tramadol being prescribed. Identifying appropriate alternative treatments and preventative measures would be recommended. Ongoing prescribing of Fioricet is not medically necessary.