

Case Number:	CM15-0168810		
Date Assigned:	09/09/2015	Date of Injury:	07/12/2012
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This injured worker is a 49-year-old female who reported an industrial injury on 7-12-2012. Her diagnoses, and or impression, were noted to include: cervical and lumbar radiculitis; right shoulder pain; occipital neuralgia; status-post right wrist and elbow surgery; and vertigo. No current imaging studies of the cervical or lumbar spine, or right upper extremity were noted. Her treatments were noted to include: diagnostic imaging studies; 4 weeks of physical therapy - effective; a home exercise program; medication management; and rest from work. The progress notes of 6-29-2015 reported a pain medicine follow-up visit and re-examination of her constant neck pain that radiated down the bilateral upper extremities, was associated with bilateral occipital and frontal headaches, and was aggravated by activity; constant low back pain that radiated down the right lower extremity, aggravated by activity, and was associated with bladder dysfunction and urinary incontinence; that her pain was severe without medications and decreased to moderate with bed rest and the use of medications; and of severe difficulty with sleep, hand function and sex. Objective findings were noted to include: tenderness in the cervical spine, bilateral trapezius muscles, and bilateral occipital regions; moderately limited cervical range-of-motion due to pain; decreased sensation to the bilateral upper extremities and cervical dermatomes; a marked decreased in strength and grip in the bilateral upper extremities; tenderness in the lumbosacral spinal vertebral area with moderate-severely limited and painful lumbar range-of-motion; decreased sensation to the lumbosacral dermatomes in the right lower extremity; positive right straight leg raise; bilateral wrist splints with tenderness at the right shoulder; painful, decreased right shoulder range-of-motion; and the inability to test the grip

strength on the right. The physician's requests for treatments were noted to include initiating a non-opiate analgesic combination medication for headaches and pain. The Utilization Review of 8-4-2015 non-certified the request for Fioricet 30-325 mg, #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 30-325-40mg quantity 30 with one refill: 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): Introduction, Barbiturate-containing analgesic agents.

Decision rationale: The claimant sustained a work injury in July 2012, is being treated for radiating neck and radiating low back pain, and has occipital and bilateral frontal headaches. When seen, she was having constant symptoms radiating into the upper and right lower extremities. Pain was rated at 5/10 with medications. She was having frequent episodes of nausea. Physical examination findings included appearing in moderate distress. There was decreased and painful cervical and lumbar range of motion with tenderness. There was positive right straight leg raising there was decreased upper and lower extremity strength and sensation. There was right shoulder tenderness with decreased and painful range of motion. The claimant was noted to be wearing bilateral wrist splints. Medications were being prescribed and included Fioricet, hydrocodone/acetaminophen, and naproxen. In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. 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 which may be occurring in this case. Additionally, in this case, further classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.