

Case Number:	CM15-0184593		
Date Assigned:	09/25/2015	Date of Injury:	11/04/2013
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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: North Carolina

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 57 year old male, who sustained an industrial injury on 11-04-2013. The injured worker was able to return to work with modifications per progress note dated 05-19-2015. Medical records indicated that the injured worker is undergoing treatment for cervical sprain-strain, lumbar radiculopathy, right knee internal derangement, right knee sprain-strain, and left knee internal derangement. Treatment and diagnostics to date has included medications. Current medications include Norco, Prilosec, and Fioricet 325-50-40mg. After review of progress notes dated 07-08-2015 and 08-12-2015, the injured worker reported 7-8 out of 10 cervical spine pain, 9.5 out of 10 lumbar spine pain, 8-9 out of 10 right knee pain, and 8-9 out of 10 left knee pain with use of medications. Objective findings included tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles, bilateral sacroiliac joints, and lumbar paravertebral muscles, positive Spurling's and sitting straight leg raise test, bilateral tenderness to palpation and spasm of the anterior knee, medial knee, and posterior knee, and positive McMurray's test. The request for authorization dated 08-12-2015 requested Norco 10-325mg #60, Prilosec 20mg #30, and Fioricet 325-50-40mg #60. The Utilization Review with a decision date of 08-24-2015 non-certified the request for Fioricet 325-50-40mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 325/50/40 MG #60: 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 California MTUS section on the requested medication states: Barbiturate-containing analgesic agents (BCAs) not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman) There is no documented significant objective improvement in pain or function due to the requested medication. Therefore, the request is not medically necessary.