

Case Number:	CM15-0185674		
Date Assigned:	09/25/2015	Date of Injury:	08/27/2014
Decision Date:	11/02/2015	UR Denial Date:	08/22/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 20 year old female with a date of injury on 8-27-2015. A review of the medical records indicates that the injured worker is undergoing treatment for dizziness, insomnia, anxiety-depression, cervical sprain-strain, rotator cuff syndrome, thoracic sprain-strain and headache. Medical records (4-28-2015 to 8-12-2015) indicate ongoing neck pain, mid back pain and headaches. She stated her worst pain was 8 out of 10 and her best pain was 6 out of 10. The injured worker also complained of dizziness, anxiety, stress and insomnia. The physical exam (8-12-2015) revealed decreased cervical range of motion. Treatment has included medications. The treatment plan (8-12-2015) was for magnetic resonance imaging (MRI) cervical spine and thoracic spine, Naproxen, Prilosec, Fioricet and physiotherapy. The request for authorization dated 8-12-2015 included Fioricet. The original Utilization Review (UR) (8-22-2015) denied a request for Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Fioricet containing Butalbital, a barbiturate, is indicated for the relief of the symptom complex of tension headache. The compound consists of a fixed combination of butalbital, acetaminophen and caffeine. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Caution in this regard is required because butalbital is habit-forming and potentially abusable. Evidence based guidelines support treatment regimen upon clear documented medical necessity with demonstrated symptom complaints, clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question. Submitted reports have not identified any such illness or disease process, in this case, of complex tension headaches, severe acute flare, new injury, or change in chronic musculoligamentous pain presentation to support for this barbiturate. The Fioricet 50/325/40 is not medically necessary and appropriate.