MAXIMUS Federal Services

Case Number:	CM15-0186452		
Date Assigned:	10/21/2015	Date of Injury:	04/20/2008
Decision Date:	12/08/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/22/2015

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: Emergency Medicine

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 63 year old female who sustained an industrial injury on 4-20-08. A review of the medical records indicates that the worker is undergoing treatment for cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, status post-operative, nerve root compression-unspecified. Subjective complaints (8-21-15) include right and left foot, sacral, right and left sacroiliac, upper and lower thoracic, headache, cervical, lumbar, right posterior forearm, left and right anterior arm and shoulder, right and left posterior shoulder, left and right cervical dorsal, and left and right posterior leg pain, (rated at 6-9 out of 10), with associated numbness and tingling, dizziness, anxiety, stress, and "feels better with pain medication and rest." Objective findings (8-21-15) include palpable tenderness at the cervical dorsal, cervical, upper thoracic, sacroiliac, lumbar, sacral and buttocks areas. Toxicology screening (8-10-15) notes negative results. MRI's were done 3-31-15 (cervical) and 3-26-15 (lumbar) as well as a lumbar spine computerized tomography scan on 5- 26-15. Work status is noted as total temporary disability. Previous treatment includes Lyrica, Fioricet, and home exercise. A request for authorization is dated 8-21-15. The requested treatment of Fioricet 50-325-40mg #30 was non-certified on 9-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40 mg #30: 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: Fioricet contains caffeine, acetaminophen and butalbital, a barbiturate. It may be useful for acute migraine attacks. As per MTUS chronic pain guidelines, barbiturates are not recommended for chronic pain due to high risk of dependence, risk of overuse, rebound headaches and no evidence of clinical improvement. Patient does not have a diagnosis of migraines. The prescription is not consistent with short term use. Fioricet is not medically necessary.