MAXIMUS Federal Services

Case Number:	CM15-0186656		
Date Assigned:	09/28/2015	Date of Injury:	12/16/2013
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
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: 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 injured worker is a 46 year old male, who sustained an industrial injury on December 16, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical discopathy-cervicalgia, internal derangement right shoulder, rule out rotator cuff tear and lumbar discopathy. On July 24, 2015, re-evaluation notes stated that the injured worker had increased pain and trouble sleeping. Nortriptyline is used as a prophylactic medication and Fioricet was provided for controlling his headaches. His Imitrex medication had also been helping with his headaches. He reported only using Imitrex for "the worst headaches." He was noted to need all three medications. On September 4, 2015, utilization review denied a request for Fioricet #100 (unspecified strength). A request for Nortriptyline 20mg #30 and Imitrex 50mg #10 was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #100, one tab three times a day (unspecified strength): 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 claimant sustained a work injury in December 2013 while working as a deputy probation officer with injury to the cervical spine and right arm while trying to restrain an inmate. He was struck on the right forehead and fell onto his back. In January 2015 he was having headaches with migrainous and tension symptoms. When seen, he was continuing to work full-time. Imitrex, Nortriptyline, and Fioricet were being prescribed. Continued prescribing of Fioricet is being requested.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. Ongoing prescribing of Fioricet is not medically necessary.