

<b>Case Number:</b>	CM15-0190000		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 63 year old female who sustained an industrial injury on 4-20-08. A review of the medical records indicates she is undergoing treatment for cervical intervertebral disc disorder with myelopathy, lumbar intervertebral disc disorder with myelopathy, nerve root compression, sleep disorder, hypertension, abdominal pain, constipation, bilateral blurred vision, glucose intolerance, and hypertriglyceridemia. Medical records (5-1-15, 6-19-15, 7-17-15, and 8-21-15) indicate complaints of pain in bilateral feet, bilateral calves, sacrum, bilateral sacroiliac, upper and lower thoracic regions, cervical and lumbar regions, bilateral anterior arms, bilateral anterior and posterior shoulders, bilateral posterior legs, and the right posterior forearm. She also complains of headaches. Numbness and tingling are noted in the right foot, bilateral ankles, bilateral shins, bilateral anterior knees, bilateral anterior legs, bilateral calves, left buttock, bilateral posterior knees, bilateral posterior legs, and the right leg. The records indicate that the numbness occurs "approximately 60% of the time". She also complains of dizziness, anxiety, and stress. She rates her pain "7-8 out of 10". The physical exam (8-21-15) reveals tenderness on palpation over the bilateral cervical dorsal, upper thoracic, bilateral sacroiliac, lumbar, sacral, and bilateral buttock regions. Cervical and lumbar range of motion is diminished. Diagnostic studies have included CT scan of the lumbar spine, EMG-NCV of bilateral lower extremities, MRIs of the cervical and lumbar spine, and a urine drug screen. Treatment has included a home exercise program, a hardware block injection to left L4, L5, and S1 and right L4, and S1, and medications. Her medications include Cymbalta, Skelaxin, Celebrex, Xanax, Lyrica, and Fioricet. She has been receiving Fioricet since, at least, 7-17-15. She is not working. The utilization review (9-1-15) includes a request for authorization of Fioricet 50-325-40mg #30. The request was denied.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fioricet 50/325/40mg #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:** The California MTUS section on the requested medications 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, 1987). There is no documented significant objective improvements in pain and function directly due to this non-recommended medication and therefore the request is not medically necessary.