

Case Number:	CM15-0194352		
Date Assigned:	10/08/2015	Date of Injury:	09/22/2011
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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 53 year old female, who sustained an industrial injury on 9-22-11. She reported neck pain. Many of the medical records are difficult to decipher. The injured worker was diagnosed as having sprain of neck, sprain trapezius, and torticollis. Treatment to date has included medication such as MS Contin and Amitriptyline. On 8-31-15, pain was rated as 10 of 10 without medication and 6 of 10 with medication. On 8-31-15, the injured worker complained of neck pain with associated headaches. On 9-2-15, the treating physician requested authorization for Fioricet #90 prescribed on 8-31-15. On 9-8-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #90 per 30 Days Prescribed 8/31/15: Upheld

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

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 September 2011 when she fell on concrete. She continues to be treated for neck pain and headaches. In October 2013, medications included Fioricet. When seen in August 2015 she was having chronic daily neck pain with associated headaches. She was not having any medication side effects. Medications were decreasing neck pain from 10/10 to 6/10. Physical examination findings included posterior neck pain with pressure. MS Contin and amitriptyline were being prescribed. Fioricet #90 was added. In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. 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. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Prescribing Fioricet is not medically necessary.