

Case Number:	CM15-0196272		
Date Assigned:	10/09/2015	Date of Injury:	12/09/2013
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii

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:

The injured worker is a 55 year old female who sustained an industrial injury on 12-09-2013. Medical records indicated the worker was treated for radiculopathy and a cervical spine disc bulge, and internal derangement of the knee. In the provider notes of 09-21-2015, the injured worker was seen in re-evaluation of a painful left knee. She also complains of frequent headaches and difficulty moving her neck, especially when looking up. On examination, there was spasm about the bilateral trapezial area right greater than left. The worker complains of increased pain with neck motion. Paraspinal tenderness is noted and there is mild crepitis with motion. Range of motion is diminished in all planes. Inspection of the left knee shows no gross deformity or muscle atrophy. There is tenderness on palpation about the medial, lateral patellofemoral joint line. There is moderate effusion, and there is crepitus and pain with motion. McMurray test elicits pain in the medial compartment. Apley's test is positive. Range of motion is decreased in flexion. There is decreased sensation to the left 4th and 5th digits. The plan of treatment includes requesting authorization for MRI of the left knee to rule out medial meniscal tear, request authorization for cervical facet blocks, give an injection of Toradol, and dispense Motrin for inflammation and swelling, and Fioricet for headaches. A request for authorization was submitted for Retrospective request for Fioricet 50-325 40mg, QTY: 60 with no refills (DOS 9-21-2015) and Retrospective request for Motrin 800mg, QTY: 90.00 with no refills (DOS 9-21-2015) A utilization review decision 10-02-2015 authorized the Retrospective request for Motrin 800mg, QTY: 90.00 with no refills (DOS 9-21-2015), and non-certified the for Retrospective request for Fioricet 50-325 40mg, QTY: 60 with no refills (DOS 9-21-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Fioricet 50-325 40mg, QTY: 60 with no refills (DOS 9/21/2015):
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 patient presents with diagnosis that include radiculopathy and a cervical spine disc bulge, and internal derangement of the knee. The patient recently complained of a painful left knee, frequent headaches and difficulty moving her neck. The current request is for Fioricet 50-325 40mg, quantity 60 with no refills. The treating physician states in the treating report dated 9/21/15 (23B), "Medications - dispensed - Fioricet 50/325 40 mg #60 for headaches." The requested medication, Fioricet, contains a combination of acetaminophen, butalbital and caffeine. MTUS guidelines state that Barbiturate-containing analgesics agents are 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. There is a risk of medication overuse as well as rebound headache. Additionally, when discussing Fioricet, ODG Guidelines state, "Not recommended." In this case, the treating physician has requested a barbiturate-containing analgesic agent that is not recommended by neither MTUS nor ODG. The current request is not medically necessary.