

Case Number:	CM15-0203696		
Date Assigned:	10/20/2015	Date of Injury:	07/18/2014
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 43 year old male, who sustained an industrial injury on 07-18-2014. A review of the medical records indicates that the worker is undergoing treatment for lumbar strain and sprain, right radiculopathy and status post lumbar surgery. The injured worker had a transforaminal lumbar epidural steroid injection at L5-S1 performed on 08-07-2015. Subjective complaints (06-10-2015 and 08-17-2015) included severe low back pain radiating to the right lower extremity. The physician noted on 08-17-2015 that the worker had a selective nerve root block which provided over 50% relief but that pain remained severe. Objective findings (06-10-2015 and 08-17-2015) revealed a slightly antalgic gait, positive right straight leg raise and bowstring tests, inability to toe-walk right, positive lumbar tenderness and spasms and decreased range of motion of the lumbar spine. The plan of care included a repeat selective nerve block and continued pain medications. Subjective complaints (09-16-2015) included back pain rated as 8-9 out of 10 and the development of headache after an epidural which was consistent with a spinal headache. Objective findings (09-16-2015) included mild diffuse tenderness in the cervical musculature. Slight decreased range of motion, mild diffuse tenderness of the low back and mild decreased guarded range of motion. Treatment has included Naproxen, Cyclobenzaprine, Tramadol, Oxycodone, Percocet, acupuncture, injections and surgery. The physician noted that a trial of Fioricet was being requested to be used as needed for severe headache. A utilization review dated 09-30-2015 non-certified a request for Fioricet 50-325-40 mg QTY: 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg QTY: 20: 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: Fioricet is an analgesic which falls in the category of barbiturate containing analgesics (BCAs). According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 23, BCAs 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. As the requested medication is not recommended by the guidelines, the request is not medically necessary.