

<b>Case Number:</b>	CM15-0205165		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/15/1999
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Arizona, California  
 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 69 year old female who sustained an industrial injury 03-15-99. A review of the medical records reveals the injured worker is undergoing treatment for lumbosacral spondylosis and lumbosacral neuritis. Medical records (09-18-15) reveal the injured worker complains of low back pain rated at 9/10 without medications and 6/10 with medications. The injured worker reports doing laundry with assistance, and limited shopping. The physical exam (09-10-15) reveals tender lateral lumbar area, pain to palpation and tenderness to palpation in the lumbar area. Pain is noted with extension, and tenderness is noted in the bilateral facet joints. Prior treatment includes medications including Fentanyl patches, Norco, and Fioricet with Codeine. The original utilization review (09-30-15) non certified the request for Fioricet with Codeine 50mg-300mg-40mg-30mg #50. The documentation supports the injured worker was on Norco and Fioricet with Codeine on 03-25-15, in addition to the Fentanyl patches. On 07-21-15 and 08-20-15, the injured worker was on Fentanyl patches and Norco only. Pain was reported at 10/10 without medications and 7/10 with medications on 07-21-15, and 9/10 without medications and 7/10 with medications on 08-20-15. There is no documentation on the 09-18-15 visit for the addition of Fioricet with Codeine to the pain medication regimen. Pain levels with medications were reported at 6/10 on 09-18-15, the lowest rating for the 3 visits from 07-21-15 through 09-18-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet with codeine 50mg/300mg/40mg/30mg tablets #50: 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 contains barbiturates, Tylenol and Caffeine. Fioricet is indicated for headaches and migraines. The clinical notes did not indicate headaches or response to medication for treating pain. According to the guidelines, barbiturates containing compounds 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. The claimant had been on opioids as well. The addition of Fioricet is not medically necessary.