

Case Number:	CM15-0205709		
Date Assigned:	10/22/2015	Date of Injury:	11/17/2014
Decision Date:	12/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	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: 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 48 year old female with a date of injury on 11-17-2014. The injured worker is undergoing treatment for sprain and strain of the neck. A physician progress note dated 09-09-2015 documents the injured worker has continued pain about her neck that radiates down into her right shoulder. She has tenderness to palpation as well as spasm on the right side of the cervical paraspinal musculature. She has very guarded neck movement with moderate pain. Sensory exam was normal. She also complains of frequent headaches. Treatment to date has included diagnostic studies, medications, diagnostic cervical blocks, trigger point injections, acupuncture, physical therapy, cervical epidural injections, and modified work. A Magnetic Resonance Imaging of the cervical spine done on 02-24-2015 revealed multilevel small osteophytic disc complexes which result in mild central spinal canal narrowing at C4-C5, C5-C6, and C6-C7. An unofficial x ray of the cervical spine demonstrates mild spurring in the posterior inferior bodies of C4 and C5 with disc space maintained. The Request for Authorization dated 09-09-2015 includes Ibuprofen and Fioricet. On 09-25-2015 Utilization Review modified the request for Fioricet 32.5/50/40mg #60 to Fioricet 32.5/50/40mg #45 to initiate the weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 32.5/50/40mg #60: 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 patient presents with neck pain that radiates into the right shoulder into the right trapezius and underneath the right scapula into the right rhomboids along with frequent headaches. The current request is for Fioricet 32.5/50/40mg, quantity 60. Fioricet contains a combination of acetaminophen, butalbital, and caffeine, a barbiturate-containing analgesic agents (BCAs). The treating physician states on 9/9/15 (153B) the patient continues to suffer from chronic neck pain and frequent headaches for which Fioricet was provided to combat. MTUS guidelines state that barbiturate containing analgesic agents (BCAs) are not recommended for chronic pain. In this case, 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 current request is not medically necessary.