

<b>Case Number:</b>	CM15-0206800		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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

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 49 year old male who sustained an industrial injury on 8-1-2014. A review of medical records indicates the injured worker is being treated for left shoulder complete tear and left knee tear. Medical records dated 9-15-2015 noted left shoulder pain rated an 8 out of 10 and left knee pain a 6 out of 10. Pain was worse at the previous visit. Physical examination noted the left shoulder had an empty can test and left knee had a positive Appley and McMurray test. Treatment has included topical medication and Fioricet since at least 11-24-2014. Utilization review form dated 10-5-2015 noncertified retrospective 60 Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Fioricet #60 (DOS: 09/17/2015): 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 on 09/17/15 with unrated headaches. The patient's date of injury is 08/01/14. The request is for retrospective: fioricet #60 (DOS: 09/17/2015). Physical examination dated 09/17/15 reveals tenderness to palpation of the cervical paraspinal musculature bilaterally, reduced cervical range of motion on extension and flexion, with atrophy noted in the left arm and forearm. The patient is currently prescribed Norco, Ibuprofen, Aciphex, Terocin Patches, and Fioricet. Patient is currently not working. MTUS Guidelines, Barbiturate-containing analgesic agents (BCAs) section, page 23 states: "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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)." In regard to the continuation of Fiorcet for the management of this patient's headaches, such medications are not supported by MTUS guidelines for chronic use. This patient has been prescribed Fioricet since at least 11/24/15, with some relief noted in the subsequent reports. However, MTUS guidelines do not support the use of Barbiturate-containing analgesic medications owing to the high risk of drug dependence, overuse, and rebound headache. While the provider does include documentation that this medication is effective for this patient's chronic headaches, Fioricet is not supported by guidelines for chronic use and continuation cannot be substantiated. Therefore, the request is not medically necessary.