

<b>Case Number:</b>	CM15-0209421		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 35 year old male with an industrial injury dated 05-15-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine strain and lumbar spine strain. According to the progress note dated 09-25-2015, the injured worker reported chronic pain syndrome of neck and shoulder with radiating pain down the arms, right greater than left, with tingling in the right hand. Low back pain radiates across the right buttocks and travels down the right leg. The injured worker also reported more frequent tension headaches. The injured worker continues with Norco, Topamax and Trazodone for pain management. Pain level score was not documented in report (09-25-2015). Objective findings (09-25-2015) revealed tenderness and trigger points of paraspinal muscles and pain with cervical and lumbar spine range of motion. Some documents within the submitted medical records are difficult to decipher. Treatment has included diagnostic studies, prescribed medications, physical therapy, and periodic follow up visits. Urine drug screen dated 08-28-2015 was inconsistent with prescribed medications. The treating physician prescribed Fioricet 50mg - 325mg- 40mg #60 1 PO BID MED = 20. The utilization review dated 10-14-2015 non-certified the request for Fioricet 50mg - 325mg- 40mg #60 1 PO BID MED = 20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50mg - 325mg- 40mg #60 1 PO BID MED = 20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Medline Plus.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**Decision rationale:** MTUS 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. The treating physician has not detailed a trial and failure of first line agents and detailed why such an addictive drug is needed at this time. In addition, the patient is on long-term opioid medications that also carry a risk of addiction. As such, the request for Fioricet 50mg - 325mg- 40mg #60 is deemed not medically necessary.