

Case Number:	CM15-0028803		
Date Assigned:	02/20/2015	Date of Injury:	03/01/2014
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, New York
 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:

This 60-year-old female reported a work-related injury on 03/01/2014. According to the progress notes dated 1/6/15, the injured worker (IW) reports headaches, blurred vision and short term memory loss with occasional feelings of imbalance or dizziness. She has ongoing neck pain and intermittent numbness in both hands in the mornings. Diagnoses include head trauma, post traumatic head syndrome, post traumatic chronic daily headaches, post traumatic intermittent tinnitus and cervical pain with aggravation of underlying cervical disc disease. Previous treatments include medications, physical therapy and bracing. The treating provider requests Fioricet 1 tab up to 3x/day #90. The Utilization Review on 01/20/2015 modified the request for Fioricet 1 tab up to 3x/day to allow #10, citing CA MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 1 tab up to 3 times/ day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS
Citation Official Disability Guidelines (ODG) <Pain, Barbiturate containing analgesic agents>.

Decision rationale: The request is considered not medically necessary. Barbiturate containing analgesic agents are not recommended for chronic pain use due to high addiction potential. Fiorocet is sometimes used to treat headaches but barbituates can lead to rebound headaches and is not recommended for chronic use. Therefore the request is considered not medically necessary.