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| Case Number: | CM15-0212051 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 03/25/2008 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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: Preventive Medicine, Occupational Medicine

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 34 year old female, who sustained an industrial-work injury on 3-25-05. A review of the medical records indicates that the injured worker is undergoing treatment for Complex regional pain syndrome (CRPS) right upper extremity status post op right wrist, left hand tendinitis and depression. Treatment to date has included pain medication Tramadol, Ativan, Voltaren gel, Naproxen, Fioricet since at least 9-21-15, Transcutaneous electrical nerve stimulation (TENS), home exercise program (HEP) and stretching to prevent flare-ups. Medical records dated 9-21-15 indicates that the injured worker complains of tension headaches for 2 weeks now, the Reflex sympathetic dystrophy syndrome is affecting the jaw and neck which is causing the headaches. Per the treating physician report dated 9-21-15 the injured worker has not returned to work. The physical exam reveals ace to right arm for support, tenderness and pain with range of motion right shoulder, she complains of hearing issues right ear and depression due to medical condition and decreased function. The physician indicates that the injured worker is requesting treatment for tension headaches as she has failed over the counter medication. She reports that the headaches are affecting her daily function and they are related to her Reflex sympathetic dystrophy syndrome that causes jaw and neck pain. The requested service included Fioricet #30. The original Utilization review dated 10-2-15 non-certified the request for Fioricet #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines do not recommend the use of Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. This medication is not recommended by the guidelines, therefore, the request is not supported. The request for Fioricet #30 is not medically necessary.