MAXIMUS Federal Services

Case Number:	CM15-0220100		
Date Assigned:	11/13/2015	Date of Injury:	10/26/2005
Decision Date:	12/22/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 51year old female, who sustained an industrial injury on 10-26-2005. The injured worker is undergoing treatment for: neck pain and headaches and low back pain with radiation into the lower extremities. On 7-16-15, 9-21-15, 10-19-15, and 10-28-15, she reported neck pain and headaches rated 7-8 out of 10. Headaches are described as migraines. Medications are noted to bring her pain down to 6 out of 10. The provider noted she also had been diagnosed with multiple dental caries, TMJ syndrome from clenching and bruxism that was felt to be resulted from her ongoing pain issues. She also reported low back pain with radiation into the lower extremities. Her current medication regimen included ultracet, anaprox, restasis, Cymbalta, trazodone, trileptal, Ativan, vesicare, synthroid, diltiazem, and Prilosec. She is noted to be "as functional as possible" with the use of her current medications. Objective findings revealed tenderness in the neck with increased muscle rigidity, numerous trigger points in the neck and upper back muscles, decreased neck range of motion, decreased strength in the left upper extremity; lumbar spine with tenderness and increased muscle rigidity, decreased low back range of motion, decreased strength in bilateral lower extremities, decreased sensation in the thighs and calves, positive bilateral straight leg raise testing. The treatment and diagnostic testing to date has included: MRI of the cervical spine (2-25-13), electrodiagnostic studies (4-19-13), medications, cervical spine epidural injection (11-12-14), lumbar spine epidural injection (9-12-13), multiple trigger point injections of the neck and low back, AME (9-10-15). Medications have included: Cymbalta, tileptal, Ativan, trazodone, fioricet, Effexor, Prozac. Current work status: maximum medical improvement, totally temporarily disabled. The request for authorization is for: Fioricet quantity 20. The UR dated 10-30-2015: non-certified the request for Fioricet quantity 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #20: 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: Fioricet is a barbituate containing medication used to treat tension headaches. Per the guidelines, barbiturate-containing analgesic agents such as fioricet are not recommended for chronic pain as the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. The [redacted] visit fails to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical records do not substantiate the medical necessity of fioricet or which of his symptoms this is targeting. Therefore, the requested treatment is not medically necessary.