MAXIMUS Federal Services

Case Number:	CM15-0033978		
Date Assigned:	02/27/2015	Date of Injury:	05/26/2014
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic hand pain and posttraumatic headaches reportedly associated with an industrial injury of May 26, 2014. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve a request for 100 tablets of Fioricet. The applicant's attorney subsequently appealed. In a progress note dated July 14, 2014, the applicant reported ongoing complaints of headaches, hand pain, and periorbital pain. The applicant was apparently returned to work as of that point in time. On November 4, 2014, the applicant reported ongoing issues of headaches, hand pain, periorbital pain, and insomnia. Motrin, electrodiagnostic testing, and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. 100 tablets of Fioricet were subsequently prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet tablets 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: No, the request for Fioricet, a barbiturate-containing analgesic, was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the chronic pain context present here. The request for 100 tablets of Fioricet, thus, is at odds with the MTUS principles and parameters. No clear compelling applicant-specific rationale was furnished for provision and/or ongoing usage of Fioricet in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.