

<b>Case Number:</b>	CM15-0042698		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Indiana

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 60-year-old male who sustained an industrial injury on 3/6/09. The injured worker reported symptoms in the neck and back with associated headaches. The injured worker was diagnosed as having multiple industrial injuries, headaches and sleep impairment. Treatments to date have included status post left hip replacement on 10/30/12 and oral pain medications. Currently, the injured worker complains of neck and back pain with associated headaches, and difficulty sleeping. The plan of care was for medication prescription and a neurologic reevaluation in 3-8 week intervals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000016> and

<http://www.drugs.com/fioricet.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics Page(s): 23.

**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 an opioid medication with risk of addiction. As such, the request for Fioricet #60 is not medically necessary.

**Re-evaluation at 3-8 week intervals:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** MTUS is silent regarding visits to a neurology specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is extremely varied; a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are eventual, patient independence from the health care system through self-care as soon as clinically feasible". There is no justification or plan of why the employee has to see a neurologist for 3-8 week interval follow-ups. Therefore, the request is not medically necessary.