

<b>Case Number:</b>	CM15-0049416		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/02/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 67 year old female, who sustained an industrial injury on 09/02/2004. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 01/15/2015, the injured worker has reported shoulder pain. She was noted to have left AC tenderness with a limited range of motion. The diagnoses have included left shoulder sprain/strain and lumbosacral sprain/strain, thoracic and cervical sprain/strain. Treatment to date has included medication and laboratory studies. The provider requested Fioricet and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet, #40 (Unspecified dosage): 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 section, Fioricet.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Fioricet #40 (unspecified dosage) is not medically necessary. Barbiturate containing analgesic agents (butalbital) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. In this case, the injured worker's working diagnoses are cervical sprain/strain; thoracic sprain/strain; shoulder sprain/strain; and lumbosacral sprain/strain. The documentation shows the injured worker was using Lidoderm patches and Vicodin ES from the earliest progress note May 25, 2012 through December 15, 2014. On the latter date, Vicodin ES and Lidoderm were not authorized. On a January 15, 2015 progress note the injured worker was using alcohol because Norco was not authorized. On December 15, 2014, pursuant to the denial, the treating physician requested Fioricet and gabapentin. Fioricet is a barbiturate containing analgesic agent that is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. Consequently, absent compelling clinical documentation with guideline non-recommendations for chronic pain and the potential for drug dependence, Fioricet #40 is not medically necessary.

**Gabapentin 100mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 100 mg #30 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are cervical sprain/strain; thoracic sprain/strain; shoulder sprain/strain; and lumbosacral sprain/strain. The documentation shows the injured worker was using Lidoderm patches and Vicodin ES from the earliest progress note May 25, 2012 through December 15, 2014. On the latter date, Vicodin ES and Lidoderm were not authorized. On a January 15, 2015 progress note the injured worker was using alcohol because Norco was not authorized. On December 15, 2014, the treating physician requested Fioricet and gabapentin. There are no neuropathic symptoms or signs documented in the medical record. In the absence of neuropathic pain, gabapentin is not clinically indicated. Consequently, absent clinical documentation of neuropathic symptoms and signs, Gabapentin 100 mg #30 is not medically necessary.