

<b>Case Number:</b>	CM15-0061989		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Physical Medicine & Rehabilitation

### 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 64 year old male, who sustained an industrial injury on 04/23/2009. He has reported subsequent neck, back and shoulder pain, and was diagnosed with neck and lumbar sprain/strain, cervical disc displacement, thoracic or lumbosacral neuritis or radiculitis and shoulder region disorders. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 03/02/2015, the injured worker complained of continued tinnitus, visual changes and jaw pain. Objective findings were notable for spasm, tenderness and guarding of the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both, mild impingement and Hawkin's signs of the bilateral shoulders. A request for authorization of Floricet was submitted without documentation as to why the request was being made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Floricet #60, 2 refills (Unspecified Dosage): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (July 18, 2009), Butalbital, page 23.

**Decision rationale:** Fioricet containing Butalbital, a barbiturate, is indicated for the relief of the symptom complex of tension headache. The compound consists of a fixed combination of butalbital, acetaminophen and caffeine with added codeine. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Guidelines notes the barbiturate component has high potential for drug dependency with overuse risk and rebound headaches. Additionally, there is no evidence that identifies the clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Caution in this regard is required because butalbital is habit-forming and potentially abusable. Evidence based guidelines support treatment regimen upon clear documented medical necessity with defined symptom complaints, significant clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question, not demonstrated here. Submitted reports have not identified any such illness or disease process, in this case, of complex tension headaches, severe acute flare, new injury, or change in chronic musculoligamentous pain presentation to support for this barbituate. The Fioricet #60, 2 refills (Unspecified Dosage) is not medically necessary and appropriate.