

Case Number:	CM15-0087187		
Date Assigned:	05/11/2015	Date of Injury:	09/30/2006
Decision Date:	06/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/07/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 70 year old male, who sustained an industrial injury on 9/30/06. He reported initial complaints of left elbow and psychiatric condition. The injured worker was diagnosed as having depressive disorder with psychological factors affecting medical condition. Treatment to date has included psychological sessions. Currently, the PR-2 notes dated 3/20/15 indicated the injured worker complains of persistent symptoms of depression, anxiety and stress-related medical complaints arising from his industrial injury to the psyche. His current complaints, subjective findings and the prescriptions written on this day, the provider refers us to his progress reports he has submitted that is a checked mark assessment. He notes that special attention would be directed to the current improvements in symptoms and functions from the medications are related counseling in this office. The provider is requesting Fioricet bid PRN #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet bid prn #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butalbital
Page(s): 23.

Decision rationale: Fioricet contains barbiturates, Tylenol and Caffeine. Fioricet is indicated for headaches and migraines. The clinical notes did not indicate headaches or response to medication for treating pain. According to the guidelines, barbiturates containing compounds are 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. The claimant had been on Fioricet for headaches prolonged period of time. It is not considered 1st line for headaches and failure of other medications such as Tylenol, Triptans or Motrin was not noted. Continued and long term use is not medically necessary.