

<b>Case Number:</b>	CM15-0238532		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	11/20/2014
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 32 year old male who sustained an industrial injury on 11-20-2014. Medical records indicate the injured worker is being treated for headaches, fatigue, syncope and collapse, syncopal episodes in the past, anxiety, and depression. Per the treating physician's notes dated 9-15-2015 and 11-10-2015 the injured worker reports he has had no further syncopal episodes, and he is feeling better. The injured worker reports he was working at home and felt weakness in his jaw and noted some leaking saliva, this lasted approximately 20 minutes. The injured worker reports he has been having headaches on the left side of his head and has been on Ibuprofen, which is not helping his headaches. The injured worker reports he had another bout of jaw weakness and saliva and reports if he walks for a prolonged time then this happens. The injured worker also reports he has a pulling and ripping sensation in his skin with certain movements and continues with problems with his left eye. On review of systems the treating physician reports the injured worker has headaches, dizziness, and acid reflux. On physical exam the treating physician reports the injured worker has no change in gait or posture, has non tender suboccipital, and extraocular muscle full with negative fundus. The treating physician requested a trial of Fioricet. The treating physician reports the injured worker's work status is modified work, no operation of dangerous machinery and avoids repetitive bending. Treatment to date for the injured worker includes 4 sessions of cognitive behavioral therapy and medications Zoloft, Amrix, and Naprosyn. The UR decision dated 11-20-2015 denied the request for Fioricet 50-325mg, quantity 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50/325mg #60, per 11/10/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

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

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as Fioricet.