

Case Number:	CM15-0241336		
Date Assigned:	12/18/2015	Date of Injury:	10/18/2011
Decision Date:	01/22/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female who sustained a work-related injury on 10-18-11. Medical record documentation on 10-29-15 revealed the injured worker was being treated for headaches, obstructive sleep apnea, right hand injury and status post right carpal tunnel release on 6-12-15. The injured worker reported bilateral jaw pain and clicking and she could not chew hard food. Yawning and laughing increased her pain and she had headaches, increased facial numbness, tingling and tenderness to touch on the right side. She had cranial nerve V pain. Her severity score was 4.125, activity limitation 4.5 and effect of pain on mood was 4.4. She had tenderness to palpation on the right side of the nose and decreased pin prick-light touch to the right V2 and V3. A magnetic resonance imaging (MRI) of the temporomandibular joints dated 2-6-12 was documented by the evaluating physician as revealing unequivocal due to motor artifact. A CT of the bilateral temporomandibular joints on 10-25-13 revealed left condyle deformity. CPAP compliance was 62%. Her medications included Fioricet #40. A request for Fioricet #40 QTY: 40 was received on 11-6-15. On 11-13-15, the Utilization Review physician modified Fioricet #40 QTY: 40 to Fioricet #40 QTY 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #40 Qty: 40.00: Upheld

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

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

Decision rationale: This 58 year old female has complained of headache, jaw pain and right hand pain since date of injury 10/18/2011. She has been treated with surgery, physical therapy and medications. The current request is for Fioricet. Per the MTUS guidelines cited above, Fioricet (BCA), a barbiturate containing analgesic, is not recommended for the treatment of chronic pain. On the basis of the MTUS guidelines, Fioricet is not medically necessary in this patient.