MAXIMUS Federal Services

Case Number:	CM13-0060465		
Date Assigned:	12/30/2013	Date of Injury:	09/28/1997
Decision Date:	08/26/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 28, 1997. Thus far, the applicant has been treated with the followings: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; sleep aid; psychotropic medications; earlier cervical effusion surgery; and barbiturate containing analgesics. In a Utilization Review Report dated November 25, 2013, the claims administrator approved a request for oxycodone, partially certified a request for Fioricet, reportedly for weaning purposes, approved Neurontin, and approved Celebrex. The applicant's attorney subsequently appealed. In a December 9, 2013 progress note, the applicant reported that his quality of sleep was poor. The applicant complained that Fioricet was denied. The applicant stated that Maxalt had not been altogether effective in terms of ameliorating his migraines. The applicant did state that prophylactic usage of Topamax, however, was ameliorating his migraines to some extent. The applicant was reportedly using Lunesta, Senna, Topamax, Flexeril, Verapamil, oxycodone, Wellbutrin, Celebrex, Neurontin, Maxalt, and Fioricet, it was stated at this point. The applicant had a BMI of 26. A variety of medications was renewed. It was stated that earlier cervical and lumbar epidural steroid injection therapies were unsuccessful. Multiple medications, including Fioricet, were renewed. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET 50-325-40 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agents Page(s): 23.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the treatment of chronic pain, as is present here, owing to high potential drug dependence. In this case, the applicant has been receiving and using barbiturate on a longstanding basis, despite the unfavorable MTUS recommendation. The applicant has, it is noted, failed to demonstrate any lasting benefit or functional improvement as defined in the MTUS through prior usage of Fioricet. The applicant does not appear to have returned to work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid agents such as oxycodone and adjuvant medications such as Neurontin. All of the above, taken together, argue against any functional improvement in terms of the parameters established in the MTUS Guidelines. Therefore, the request for Fioricet is not indicated owing to both the applicant's failure to improve through prior usage of the same as well as owing to the unfavorable MTUS recommendation. Accordingly, the request is not medically necessary.