

<b>Case Number:</b>	CM14-0127694		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine & Rehabilitation 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:

This 46 year-old patient sustained an injury on 1/21/13 from a motor vehicle accident in ice. Request(s) under consideration include Fioricet w/Codeine 50-325-40mg #30 capsules C-III (Butalbital/APAP/Caffeine/Co). Diagnoses include chronic pain due to trauma. Report of 12/4/13 from a provider noted the patient with diagnoses on cervical myofascial pain syndrome; chronic pain syndrome; post traumatic pain syndrome; and probable cervical facet syndrome. The patient noted ongoing chronic neck and mid back pain rated at 7-8/10 with 3-4/10 headaches from whiplash injury. Conservative care has included physical therapy, chiropractic treatment, medications, and modified activities/rest. Exam showed cervical spine with 80 degrees rotation; motor without focal deficit with tightness and myofascial restriction at cervical spine. Medications list Zanaflex, Tramadol, Lidoderm, Fioricet, and Reglan. Treatment included medication refills and continued TTD status for 3 months. Peer review of 7/13/14 had non-certified the requests for right C3, C4, and C5 RFA and Fioricet noting multifocal pain not clearly localized to cervical facets without specific response to initial medial branch blocks. Report of 7/17/14 from nurse practitioner noted patient had undergone diagnostic medial branch blocks on 4/18/14 with reported 70% decrease in pain and increased flex/extension lasting up to 3 hours post-procedure. The request(s) for Fioricet w/Codeine 50-325-40mg #30 capsules C-III (Butalbital/APAP/Caffeine/Co) was non-certified on 8/7/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet w/Codeine 50-325-40mg #30 capsules C-III (Butalbital/APAP/Caffeine/Co): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 83, 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Butalbital "Barbiturate-containing analgesic agents (BCAs) [butalbital]: Not recommended for chr.

**Decision rationale:** This 46 year-old patient sustained an injury on 1/21/13 from a motor vehicle accident in ice. Request(s) under consideration include Fioricet w/Codeine 50-325-40mg #30 capsules C-III (Butalbital/ APAP/ Caffeine/ Co). Diagnoses include chronic pain due to trauma. Report of 12/4/13 from a provider noted the patient with diagnoses on cervical myofascial pain syndrome; chronic pain syndrome; post traumatic pain syndrome; and probable cervical facet syndrome. The patient noted ongoing chronic neck and mid back pain rated at 7-8/10 with 3-4/10 headaches from whiplash injury. Conservative care has included physical therapy, chiropractic treatment, medications, and modified activities/rest. Exam showed cervical spine with 80 degrees rotation; motor without focal deficit with tightness and myofascial restriction at cervical spine. Medications list Zanaflex, Tramadol, Lidoderm, Fioricet, and Reglan. Treatment included medication refills and continued TTD status for 3 months. Peer review of 7/13/14 had non-certified the requests for right C3, C4, and C5 RFA and Fioricet noting multifocal pain not clearly localized to cervical facets without specific response to initial medial branch blocks. Report of 7/17/14 from nurse practitioner noted patient had undergone diagnostic medial branch blocks on 4/18/14 with reported 70% decrease in pain and increased flex/extension lasting up to 3 hours post-procedure. The request(s) for Fioricet w/Codeine 50-325-40mg #30 capsules C-III (Butalbital/APAP/Caffeine/Co) was non-certified on 8/7/14. Fioricet containing Butalbital, a barbituate, 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 barbituate 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 w/Codeine 50-325-40mg #30 capsules C-III (Butalbital/ APAP/ Caffeine/ Co) is not medically necessary and appropriate.