

Case Number:	CM14-0128826		
Date Assigned:	08/18/2014	Date of Injury:	06/18/2003
Decision Date:	09/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

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 Pain 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 injured worker is a 44-year-old male who reported an injury on 06/18/2003. The mechanism of injury was not provided. On 04/07/2014, the injured worker presented with low back and leg pain with numbness and tingling in the bilateral lower extremities. Upon examination of the lumbar spine, there was an antalgic gait and decreased sensation over the right L5 and right S1. There was a positive bilateral straight leg raise and spasm and guarded noted. Current medications included Pantoprazole, Protonix, Dilaudid, Warfarin sodium, Exalgo, Gabapentin, Nortriptyline, and Warfarin sodium. The diagnoses were chronic pain of the neck, cervical spondylosis without myelopathy, neck pain, neuritis of the lumbosacral not otherwise specified, sprain/strain of the lumbar region, status post cervical decompression, unspecified major depression, and generalized anxiety. The provider recommended Floricet caplets, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floricet cap Day supply :10 Qty :15 refills:0: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The request for Fioricet cap day supply: 10 QTY: 15 are not medically necessary. The California MTUS Guidelines do not recommend barbiturate-containing analgesic agents such as Fioricet 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. There is a risk of medication overuse as well as rebound headache. As the guidelines do not recommend barbiturate containing analgesics agents, Fioricet caplets would not be indicated. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.