

<b>Case Number:</b>	CM14-0133001		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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, has a subspecialty in and is licensed to practice in Illinois. 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 41-year-old female who reported an injury on 12/15/2011 due to a fall. The injured worker had diagnoses of chronic pain, right hip lateral trochanteric bursitis/sprain/strain, right shoulder sprain/strain, and cervical disc disease. Past medical treatment included physical therapy, aquatic therapy, medications, and epidural steroid injections. Diagnostic testing included x-rays of the shoulder on 12/15/2011 and 12/19/2011. The injured worker underwent a facet rhizotomy on 05/08/2014 and on 06/23/2014. The injured worker complained of mild to moderate pain to the right shoulder off and on, on 07/22/2014. The injured worker also reported feeling numbness, tingling, muscle spasms, weakness, popping, and soreness. The injured worker complained of right hip and right lower extremity mild to moderate pain off and on. The physical examination revealed range of motion in the cervical spine demonstrated flexion to 80 degrees, extension to 30 degrees, right rotation to 60 degrees, and left rotation to 60 degrees. The injured worker had discomfort on flexion and extension and mild discomfort on right rotation. The shoulder examination revealed some mild tenderness over the right deltoid and AC joint. Medications included hydrocodone, Flexeril, gabapentin, buspirone, sertraline, temazepam, and alprazolam. The treatment plan is for Fioricet quantity requested #60. The rationale for the request was not provided. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORICET QUANTITY REQUESTED: 60.00:** Upheld

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

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

**Decision rationale:** The request for Fioricet quantity requested: 60.00 is not medically necessary. The injured worker complained of mild to moderate pain to the right shoulder off and on, on 07/22/2014. The California MTUS guidelines stated Barbiturate-containing analgesic agents (BCAs) are not recommended 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 lack of documentation demonstrating why the injured worker would require barbiturate-containing analgesic versus another analgesic. As the guidelines do not recommend the use of the barbiturate containing analgesics for chronic pain, the use of Fioricet would not be indicated. Additionally, the request does not indicate the dosage, frequency, quantity. Therefore, the request for Fioricet Quantity requested: 60.00 is not medically necessary.