

Case Number:	CM14-0139659		
Date Assigned:	09/05/2014	Date of Injury:	08/02/2011
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 and Rehabilitation 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 56-year-old female who sustained an injury on 08/02/11. She presented with headaches, relieved completely within an hour of Fioricet use, and infrequent associated vertigo and also complained of neck, lower back, anxiety, and depression. Headaches occurred averaging four days in a week. She rated her low back pain at 8/10. Physical examination revealed a 1 inch right parietal laceration scar non-tender, depressed affect, appeared drowsy, and decreased hearing in the right ear. Restricted cervical ROM, TTP on bilateral cervical paraspinals with increased muscle toned bilaterally, and an abnormal Epworth sleepiness scale score of 14/24. PA and lateral chest on 03/21/14 was negative. She underwent sacroiliac injection on 03/21/14 which provided 80% relief in pain. She was also provided with refill of Fioricet and supply of Dendracin for the treatment of cervicogenic component of her headaches. Physical therapy and medications did not provide any long-term relief. Medications include Omeprazole, Naproxen Sodium and Alprazolam, Bupropion SR, Fluoxetine, and Seroquel. Diagnoses include headaches, sprain of neck, lumbar disc disease, bilateral sacroiliac joint arthropathy, anxiety and depression. The request for Fioricet (2) TID for Headaches, # 60 and Neuro Visits Every 3-8 Weeks until MMI for Prescribing Meds Such As Fioricet was denied due to 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 (2) TID for headaches #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Physician's Desk Reference.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BCA Page(s): 23.

Decision rationale: Per CA MTUS guidelines, 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 risk of medication overuse as well as rebound headache. Furthermore, there is no evidence of significant improvement in pain (i.e. VAS) NAD function with continuous use. Therefore, the request is not medically necessary per guidelines.

Neuro visits every 3 - 8 weeks until MMI for prescribing meds such as Fioricet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 7, Independent Medical Examination and Consultation

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, Fioricet is determined as not medically necessary. As such, there is no need for follow up with neurology; non-certified.