

Case Number:	CM14-0140315		
Date Assigned:	09/10/2014	Date of Injury:	01/08/1997
Decision Date:	10/27/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 59-year-old male with a 1/8/97 date of injury. At the time (4/24/14) of request for authorization for Fioricet 325/50/40 mg, QTY: 60, there is documentation of subjective (low back pain) and objective (positive bilateral straight leg raising test, decreased lumbar range of motion, and diminished sensation in the L5-S1 distribution in the lower extremities) findings, current diagnoses (lumbar sprain), and treatment to date (medications (including ongoing treatment with Celebrex, Flurazepam, Oxazepam, and Skelaxin) and acupuncture). Medical report identifies that Butalbital/Aspirin/Caffeine is prescribed for headache. There is no (clear) documentation of tension (or muscle contraction) headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 325/50/40 mg, #60: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain; that 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; and that there is a risk of medication overuse as well as rebound headache. The PDR identifies documentation of tension (or muscle contraction) headache as criteria necessary to support the medical necessity of Fioricet (Butalbital, Caffeine, Acetaminophen). Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain. However, despite documentation of a request for Fioricet for headache, there is no (clear) documentation of tension (or muscle contraction) headache. Therefore, based on guidelines and a review of the evidence, the request for Fioricet 325/50/40 mg, #60 is not medically necessary.