

<b>Case Number:</b>	CM14-0143342		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/26/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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, and is licensed to practice in Texas and Ohio. 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 49-year-old male who reported an injury on 03/26/2008. The mechanism of injury was not provided. On 08/04/2014, the injured worker presented with right shoulder pain. Upon examination of the right shoulder, limited range of motion and a positive impingement sign were noted. There was positive crepitus on circumduction of the sternoclavicular joint in the shoulder, as well as the shoulder joint passively. There was subluxation noted of the sternoclavicular joint on the right side with circumduction which was painful. There was tenderness over the bicipital tendon and a positive impingement sign noted to the left shoulder. Current medications included ibuprofen, Norco, Viagra, Fioricet, and Brintellix. The provider recommended Fioricet with a quantity of 45. 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:

**Prescription for Fioricet #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain (Chronic) Barbituate-containing analgesic agents (BCAs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
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**Decision rationale:** The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There is lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. The provider does not indicate the frequency of the medication or the dose of the medication in the request as submitted. As such, medical necessity has not been established.