

<b>Case Number:</b>	CM14-0174166		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 is licensed to practice in Texas & Oklahoma. 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 58 year old female who reported an injury on 12/08/2010. The mechanism of injury was not provided. Her diagnoses included status post carpal tunnel syndrome surgery with mild residuals, herniated nucleus pulposus at C5-6 and C6-7 and mild discopathy. Her past treatments have included medications and injections. Her surgical history included carpal tunnel decompression bilaterally. Upon physical examination on 10/02/2014 the injured worker complained of headaches with ongoing severe neck pain, and pain at the back of the head rated 6/10, aching pain in the left wrist/ hand and back pain rated 4/10. Upon examination of the cervical spine, the injured worker was noted to have positive Spurling's and compression test; tenderness and muscle spasm and the bilateral levator scapula had swelling and inflammation. Her current medication regimen included Lorazepam, Citalopram, Zolpidem, Neurontin, Voltaren, Butalbital, Verapamil, Sucralfate and Prilosec. The treatment plan included prescriptions for Fioricet, Flexeril, chiropractic treatment and a 6 week follow-up evaluation. The rationale for the request was symptomatic treatment of chronically recurring tension headache. The request for authorization form dated 10/02/2014 was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Barbiturate-containing analgesic agents (BCAs)

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

**Decision rationale:** The request for Fioricet #90 is not medically necessary. The injured worker has ongoing headaches, neck pain, pain at the back of the head, back pain and left wrist pain. The California MTUS Guidelines do not recommend barbiturate containing analgesic agents for chronic pain. There is a high potential for dependence and there is no evidence that shows a clinically important enhancement of analgesic efficacy of barbiturate containing analgesics due to their barbiturate constituents. Additionally, there is a risk of overuse and rebound headache. The clinical documentation submitted indicated that the injured worker was having ongoing headaches indicating a chronic condition; and Fioricet is included in her medication regimen for the treatment of headaches. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The guidelines do not recommend the use of barbiturate containing analgesics for chronic pain. The documentation does not demonstrate the medical necessity of Fioricet #90. Additionally, the request did not include the frequency of the medication. As such, the request is not medically necessary.