

Case Number:	CM14-0177294		
Date Assigned:	10/30/2014	Date of Injury:	04/09/2003
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old female who was injured on 4/9/2003. She was diagnosed with cervicogenic headaches, chronic cervicgia, and myofascial strain. She was treated with multiple medications including opioids, antidepressants, sleep aids, and Fioricet. She was also diagnosed with chronic lumbago with radiculopathy for which she was treated with medications and injections. On 9/11/14, the worker was seen by her primary treating physician reporting her chronic low back and leg pain which was "barely controlled with current pain medication". No mention of her headaches and Fioricet use was included in the progress note from that date. There was no physical examination of the head or neck that day. She was then prescribed refills, as requested by the worker, for Norco, OxyContin 40 mg, Fioricet, Venlafaxine ER, and OxyContin 60 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agents.

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

Decision rationale: The MTUS Chronic Pain Guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain as the potential for drug dependence, overuse, and rebound headache is high, and no evidence exists that shows clinically important efficacy. In the case of this worker, she had been using Fioricet, presumably for her chronic headaches associated with her cervical pain. However, on 9/11/14, when the Fioricet was refilled, there was insufficient documentation that revealed how the worker used this medication or whether or not the Fioricet produced any measurable functional or significant pain-reducing benefit, if we were to consider the case an exception. Therefore, due to lack of evidence of functional benefit and due to the MTUS Guidelines not recommended chronic use, the request for Fioricet is not medically necessary.