

Case Number:	CM14-0088697		
Date Assigned:	07/23/2014	Date of Injury:	12/16/2010
Decision Date:	09/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/12/2014

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 Nevada. 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 records presented for review indicate that this 55-year-old was reportedly injured on December 16, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated May 21, 2014, indicates that there are ongoing complaints of cervical spine pain, wrist pain, and shoulder pain. The injured employee stated to feel improved since the prior visit and pain was rated at 4/10. The physical examination demonstrated decreased range of motion of the cervical spine, shoulder, and wrist, and tenderness along the cervical spine with taut muscle fibers. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes chiropractic care and oral medications. A request was made for Fioricet and was not certified in the preauthorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #30.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule:p.23, 2010 Revision, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Barbiturate Containing Analgesic Agents, Updated September 10, 2014.

Decision rationale: According to the Official Disability guidelines barbiturate containing analgesic agents such as Fioricet not recommended for chronic pain. There is a high potential for drug dependence with this medication and when used for headaches there is risk for overuse as well as rebound headaches. As such, this request for Fioricet is not medically necessary.