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| <b>Case Number:</b>   | CM14-0195805 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 11/24/2012 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 11/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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 Occupational Medicine, 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:

The injured worker is a 49 year old female who suffered a work related injury on 11/24/12; she felt her left knee 'pop'. She was evaluated and treated with an x-ray, Norco, Ibuprofen, crutches, a knee brace, and ice. She subsequently underwent a MRI, physical therapy and an arthroscopy of her knee on 03/28/13. She was released from care by the orthopedic surgeon. Per the physician notes from 11/06/2014 she complains of headaches, neck pain, bilateral shoulder pain, upper and lower back pain, bilateral knee pain, and right ankle pain. The requested treatment is Fioricet. This treatment was denied by the Claims Administrator on 11/10/14 and was appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet purchase 50/325/40mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Official Disability Guidelines do not recommended Fioricet for chronic pain. 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. Fioricet is commonly used for acute headache, with some data to support it, but there is risks of medication overuse as well as rebound headache. Fioricet purchase 50/325/40mg #40 is not medically necessary.