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| Case Number: | CM15-0010929 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 08/06/2012 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old female who sustained an industrial injury on 8/6/12. The injured worker reported symptoms in the neck, back and lower extremities. The diagnoses included cervical and lumbar radiculopathy, fibromyalgia, occipital neuralgia and piriformis syndrome. Treatments to date have included trigger point injections, cortisone injection, acupuncture treatments, physical medicine, and oral pain medications. A progress note from the treating provider dated 12/16/14 indicates the injured worker was with "pain in her neck causing secondary headaches". On 12/31/14 Utilization Review non-certified a request for a retrospective request for Floricet 50/325/40 0.5-1 per oral every 12 hours as needed, quantity of 60 dispensed. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Floricet 50/325/40 0.5-1 po q12h prn #60 dispensed: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 8/6/12. The medical records provided indicate the diagnosis of cervical and lumbar radiculopathy, fibromyalgia, occipital neuralgia and piriformis syndrome. Treatments to date have included trigger point injections, cortisone injection, acupuncture treatments, physical medicine, and oral pain medications. The medical records provided for review do not indicate a medical necessity for Retrospective request for Floricet 50/325/40 0.5 1 po q12h prn #60 dispensed. Floricet combination medication containing acetaminophen, butalbital, and caffeine. The MTUS classifies this as a Barbiturate containing analgesic agents (BCAs), and recommends against using it for chronic pain due to the potential for drug dependence, besides, it has not been shown to enhance analgesic efficacy.