

<b>Case Number:</b>	CM15-0110420		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 49 year old male patient who sustained an industrial injury on 02/01/2013. A primary treating office visit dated 12/22/2014 reported chief complaint of having neck, lower back, left wrist, right knee, and bilateral hip pain. He is currently not participating in any therapy session. The following diagnoses were applied: status post blunt head trauma with associated cephalgia, rule out post-concussion syndrome; cervical spine strain/sprain with radiation to the upper extremities; thoracic strain; status post lumbar fusion with status post hardware removal aggravated by industrial assault on 02/01/2013, rule out disc herniation; bilateral shoulder sprain, left resolved right worsening; right wrist sprain left resolved right worsening; right knee sprain, rule out internal derangement; right wrist sprain, rule out possible triangular fibrocartilage complex tear; post-traumatic stress disorder and facial trauma. The plan of care is recommending a second opinion with neurologist, short course of acupuncture, and prescriptions for Norco and Motrin. On 04/29/2015 a primary visit showed the patient with no change in complaint, treating diagnoses, or objective findings. The plan of care involved: pending psychiatric consultation, acupuncture and right knee sleeve.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet.

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

**Decision rationale:** Fioricet is a Barbiturate-containing analgesic agents (BCAs). According to MTUS guidelines, "Barbiturate-containing analgesic agents (BCAs). Not recommended 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 (McLean, 2000). There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)." There is no documentation of chronic headaches and no justification for long term use of Fioricet. Therefore, the prescription for Fioricet is not medically necessary.