

<b>Case Number:</b>	CM15-0110846		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/22/2008
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old female who sustained an industrial injury on 06/22/08. Initial complaints and diagnoses are not addressed. Treatments to date include medications and right hip replacement. Diagnostic studies are not addressed. Current complaints include lumbar spine, bilateral feet, and left hip pain. Current diagnoses include lumbar spine sprain/strain, bilateral plantar fasciitis, and left hip trochanter bursitis. In a progress note dated 05/13/15 the treating provider reports the plan of care as extracorporeal shock wave treatment to the bilateral feet, aqua therapy for the lumbar spine, possible gym membership for heated pool access, lumbar spine MRI, left hip cortisone injection, replacement of Jobst stockings, and medications including Norco, Anaprox, Axid, Ultracin topical lotion, Nizatidine. The requested treatments include Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 1 BID #60 x 2 refills:** Upheld

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

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

**Decision rationale:** Fioricet 1 BID #60 x 2 refills is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The guidelines state that barbiturate-containing analgesic agents (BCAs) are 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. There is a risk of medication overuse as well as rebound headache. The documentation submitted and the MTUS guidelines recommending against this medication do not support the medical necessity of this medication therefore Fiorocet is not medically necessary.