

<b>Case Number:</b>	CM15-0114134		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 46 year old man sustained an industrial injury on 5/2/2012. The mechanism of injury is not detailed. Evaluations include lumbar spine x-rays dated 3/18/2015. Diagnoses include status post lumbar spine lateral/posterior spine fusion. Treatment has included oral medications and surgical intervention. Physician notes dated 4/29/2015 show complaints of recurrent severe back pain and daily headaches. Recommendations include CT scan of the lumbar spine, Fioricet, Fiova, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Frova (no qty):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head online version, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Triptans.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Frova (no quantity) is not medically necessary. Frovatriptan is recommended for migraine sufferers. All triptans are effective and well tolerated. In this case, the injured workers working diagnosis is status post L3 - L4 and L4 - L5 lateral/posterior spinal fusion November 18, 2014. According to a progress note dated April 29, 2015 the injured worker developed increased back pain while receiving ongoing physical therapy (postoperative). The injured worker recently developed headaches. There is no formal evaluation indicating the injured worker suffers with migraine headaches. The treating provider prescribed Frova and Fioricet. Frove is a triptan-based medication with indications for migraine headaches. In the absence of a formal diagnosis and evaluation for migraine headaches, Frova is not clinically indicated. Consequently, absent clinical documentation supporting a diagnosis of migraine headaches with the workup for migraine headaches, Frova (no quantity) is not medically necessary.

**Fioricet (no qty):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet Page(s): 47, 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Fioricet.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Fioricet (no quantity) is not medically necessary. Barbiturate containing analgesic agents (butalbital) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. In this case, the injured workers working diagnosis is status post L3 - L4 and L4 - L5 lateral/posterior spinal fusion November 18, 2014. According to a progress note dated April 29, 2015 the injured worker developed increased back pain while receiving ongoing physical therapy (postoperative). The injured worker recently developed headaches. There is no formal evaluation indicating the injured worker suffers with migraine headaches. The treating provider prescribed Frova and Fioricet. Barbiturate containing analgesic agents (butalbital) is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. Consequently, absent guideline recommendations for Fioricet and its high potential for drug dependence, Fioricet (no quantity) is not medically necessary.