

Case Number:	CM15-0118339		
Date Assigned:	06/26/2015	Date of Injury:	02/12/2015
Decision Date:	07/27/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/18/2015

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 36 year old male, who sustained an industrial/work injury on 2/12/15. He reported initial complaints of headaches. The injured worker was diagnosed as having cerebral concussion and post concussive syndrome. Treatment to date has included medication. Currently, the injured worker complains of intermittent headaches in the right frontal temporal area that radiates posteriorly to the occipital area. Pain is dull and rated 3/10 to 8/10. Per the primary physician's progress report (PR-2) on 5/22/15, examination revealed Romberg and Trendelenburg testing was negative, gait is normal heel to toe progression with toe and heel walking intact, sensation to light touch is intact. Current plan of care included neurological consultation and medication. The requested treatments include Fioricet 1-2 tabs and Motrin 800 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floriset 1-2 tabs Q6H #120: Upheld

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

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 evidence of chronic headaches and no justification for long-term use of Fioricet. Therefore, the prescription for Floricet #120 is not medically necessary.

Motrin 800mg 1 Q8H #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-70, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to MTUS guidelines, Motrin is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Motrin was used. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Motrin 800mg #100 is not medically necessary.