

Case Number:	CM15-0122429		
Date Assigned:	07/13/2015	Date of Injury:	05/15/1995
Decision Date:	08/12/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 5/15/1995. The mechanism of injury was a fall. The injured worker was diagnosed as having chronic neck pain, cervical syrxinx, cervical radiculopathy, cervicogenic headaches and depression/anxiety. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, therapy and medication management. In a progress note dated 5/12/2015, the injured worker complains of right sided head pain rated 8-9/10. Physical examination showed cervical paraspinal tenderness, right occipital tenderness, right trapezius tenderness and decreased cervical range of motion. Recent urine drug screen was consistent with prescribed medications. The treating physician is requesting Fioricet 50/325 mg #180 and head/brain magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic); Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 of 127.

Decision rationale: Regarding the request for Fioricet, Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. They go on to state that 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. As such, the currently requested Fioricet is not medically necessary.

MRI of the head/brain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), head: MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, MRI (magnetic resonance imaging).

Decision rationale: Regarding the request for MRI of the head/brain, California MTUS does not address the issue. ODG cites that MRI is indicated: To determine neurological deficits not explained by CT; to evaluate prolonged interval of disturbed consciousness; to define evidence of acute changes super-imposed on previous trauma or disease. Within the documentation available for review, the headaches are noted to be secondary to neck pain and respond to treatment. None of the criteria outlined above have been met and there is no clear rationale for an MRI of the head/brain in a patient with cervicogenic headaches. In light of the above issues, the currently requested MRI of the head/brain is not medically necessary.