

Case Number:	CM15-0122599		
Date Assigned:	07/06/2015	Date of Injury:	06/29/2006
Decision Date:	09/24/2015	UR Denial Date:	06/18/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 48 year old female who sustained an industrial injury on 6/29/06. The injured worker was diagnosed as having complex regional pain syndrome right lower extremity, spondylolisthesis L5-S1, lumbar radiculopathy, loss of disc space height L5-S1, and reflex sympathetic dystrophy right arm. Currently, the injured worker was with complaints of pain in the head, neck, right upper extremity, back and right lower extremity. Previous treatments included physical therapy, acupuncture treatment, chiropractic treatments, and injection therapy and medication management. The injured workers pain level was noted as 10/10 without medication and 7/10 with medication. Physical examination was notable for left hand with a noted inflammatory process as well as redness and induration. The plan of care was for Fioricet 50/325/40 milligrams quantity of 720.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325/40mg Qty: 720: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 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.