

<b>Case Number:</b>	CM15-0124105		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	02/18/2009
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of February 18, 2009. In a Utilization Review report dated May 29, 2015, the claims administrator approved a follow up visit while denying a request for Fioricet. The claims administrator referenced a May 13, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 1, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and low back pain, 7/10. The applicant was pending an epidural steroid injection, it was reported. Norco was renewed. The applicant was given rather proscriptive 5-pound lifting limitation, but was not working with said limitations in place, the treating provider acknowledged. On May 13, 2015, the applicant reported 7/10 pain with medications versus 8/10 pain without medications. Fioricet was renewed. The applicant was not working, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet 50/325/40mg tablets #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs); Functional Restoration Approach to Chronic Pain Management Page(s): 23; 7.

**Decision rationale:** No, the request for Fioricet, a barbiturate-containing analgesic, was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are not recommended in the chronic pain context present here, owing to the risk of dependence. Here, the attending provider did not furnish a clear or compelling rationale for provision of the Fioricet in the face of the unfavorable MTUS position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulate that an attending provider should incorporate some discussion of applicant specific variable such as other medications into his choice of pharmacotherapy. Here, the attending provider did not clearly outline a role for concurrent usage of two potentially habit forming agents, Norco and Fioricet. Therefore, the request was not medically necessary.