

Case Number:	CM15-0129828		
Date Assigned:	07/21/2015	Date of Injury:	06/28/2005
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 65-year-old male who sustained an industrial injury on 06/28/2005. Diagnoses include head injury, unspecified; depressive disorder, not elsewhere classified; migraine without aura; post-concussion syndrome; insomnia with sleep apnea, unspecified; and symptoms involving the head and neck. Treatment to date has included medications and Botox injections. According to the consult notes dated 5/27/15, the IW reported tinnitus, difficulty sleeping and daily headaches. He confirmed that Botox had been helpful in the past. He was taking Fioricet and Nortriptyline. On examination, his gait was unsteady, using a quad cane. He admitted to a sense of instability and occasional vertigo. He wore eyeglasses, his eye movements were full and nystagmus was not present. A request was made for Fioricet 50/340mg tablets, #90, 1 tab bid for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/340mg tablets #90 1 tab BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Fioricet contains barbiturates, Tylenol and Caffeine. Fioricet is indicated for headaches and migraines. The clinical notes did not indicate headaches or response to medication for treating pain. According to the guidelines, barbiturates containing compounds are 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. The claimant had been on Fioricet for over a month. There was no mention of failure of non-barbiturate containing medications. Continued and long-term use is not medically necessary.