

Case Number:	CM15-0160879		
Date Assigned:	09/23/2015	Date of Injury:	04/20/2008
Decision Date:	11/03/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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

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(n) 63 year old female, who sustained an industrial injury on 4-20-08. The injured worker was diagnosed as having cervical disc disorder with myelopathy, lumbar disc disorder with myelopathy and status post cervical fusion. Medical records (2-27-15 through 6-19-15) indicated 3-4 out of 10 pain at best and 9-10 out of 10 pain at worst. Treatment to date has included physiotherapy x 6 sessions, Cymbalta, Skelaxin, Celebrex and Xanax. Current medications include Lyrica and Fioricet (unable to determine previous prescriptions). The urine drug test on 7-17-15 was consistent with prescribed medications. As of the PR2 dated 7-17-15, the injured worker reports pain in her bilateral feet, bilateral shoulders, neck and upper back and bilateral arms. She rates her pain currently 6 out of 10, her pain is 4 out of 10 at best and 9 out of 10 at worst. She indicated that she feels better with pain medication, rest and physical therapy. Objective findings include decreased cervical and lumbar range of motion. The treating physician requested Fioricet 50-325-40mg #30. The Utilization Review dated 8-3-15, non-certified the request for Fioricet 50-325-40mg #30 and certified the request for a follow-up in approximately 45 days. The requests for physical therapy x 6 sessions and an orthopedic spine specialist for cervical spine and lumbar spine were conditionally non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Fioricet 50/325/40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter under Barbiturate-containing analgesic agents (BCAs).

Decision rationale: Based on the 7/17/15 progress report provided by the treating physician, this patient presents with bilateral foot pain, bilateral shoulder pain, bilateral cervical dorsal pain, bilateral arm/hand pain, bilateral lumbar/thoracic pain and numbness/tingling in bilateral shin/ankle/foot rated 6/10 at its best and 10/10 at its worst. The treater has asked for 30 FIORICET 50/325/40MG on 7/17/15. The patient's diagnoses per request for authorization dated 7/17/15 are cervical IVD disorder, lumbar IVD disorder with myelopathy, s/p op, and cervical fusion. The patient is s/p physical therapy of unspecified sessions after which patient feels better per 7/17/15 report. The patient has improvement with abdominal cramping but has unchanged constipation and worsening fatigue per 5/19/15 report. The patient is s/p anterior/posterior lumbar spine fusion of unspecified date per 5/19/15 report. The patient's work status is permanent and stationary as of 5/19/15 report. ODG Guidelines, Pain (Chronic) chapter under Barbiturate-containing analgesic agents (BCAs) states the following: 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) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. The treater does not discuss this request in the reports provided. In this case, review of the reports do not show any evidence of Fioricet or other BCA's being taken in the past. The patient presents with chronic cervical/lumbar spine pain, abdominal pain, constipation, sleep disorder. However, ODG does not recommend Barbiturate-containing analgesics for chronic pain. As such, the request is not in accordance with ODG guidelines and cannot be substantiated. The request IS NOT medically necessary.