

Case Number:	CM15-0176201		
Date Assigned:	09/17/2015	Date of Injury:	03/01/2013
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina

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 is a 47 year old female who sustained an industrial injury on 03-01-2013. Current diagnoses include lumbago, lumbar radiculitis, and sciatica. Report dated 07-29-2015 noted that the injured worker presented with complaints that included severe and sharp low back pain and neck and medication management secondary to occupational injury. Back pain radiates to both legs and hips with associated weakness, spasms, stiffness, numbness, and tingling. Physical examination of the lumbar region performed on 07-29-2015 revealed L3-L5 spasms, bilateral tenderness, pain with range of motion, decreased sensation, and straight leg raise is positive on the right. Physical examination of the cervical region performed on 07-29-2015 revealed C4-C7 spasms and tenderness, bilateral cervical facet tenderness, and decreased range of motion to pain. Previous treatments included medications, physical therapy, and home exercise program. The treatment plan included continuing with home exercise program-physical therapy, counseled on medications, refilled medications, reviewed CURES report, request for cervical spine MRI, and patient picked up back brace. Work status was documented as temporarily totally disabled. The injured worker has been prescribed Fioricet since at least 06-24-2015 for migraine headaches. Request for authorization dated 07-30-2015, included requests for Fioricet, Flexeril, Percocet, and cervical spine MRI without contrast. The utilization review dated 08-12-2015, modified the request for Fioricet 20-325mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/325mg 1-2 tablets TID #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13 Edition, (web) 2015, Pain Chapter, Barbiturate containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The California MTUS section on BCA states: Barbiturate-containing analgesic agents (BCAs) - 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) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)The medication has not produced documented significant objective improvement in pain and function. Therefore, the request is not medically necessary.