

Case Number:	CM15-0022391		
Date Assigned:	02/11/2015	Date of Injury:	06/19/2007
Decision Date:	04/09/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 60-year-old female, who sustained an industrial injury on 4/20/12. She has reported left wrist and hand injury. The diagnoses have included carpal tunnel syndrome of left wrist and early degenerative changes of proximal interphalangeal joint of left ring finger. Treatment to date has included oral and topical medications. Currently, the injured worker complains of left wrist and ring finger pain as well as numbness and tingling in the thumb, index and long fingers of left hand. On physical exam of left hand and wrist, tenderness is noted over the volar aspect of the wrist as well as tenderness at the proximal interphalangeal joint of the left ring finger. On 1/16/15 Utilization Review non-certified Fioricet 50mg #120, noting it is not medically necessary or recommended. The ODG was cited. On 1/25/15, the injured worker submitted an application for IMR for review of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet (Butalbital) 50mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Fioricet, Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Barbiturate-containing analgesic agents Page(s): 23.

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents:
"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."As the request is not recommended by the MTUS, the request is not medically necessary.