

Case Number:	CM15-0029385		
Date Assigned:	02/23/2015	Date of Injury:	11/02/2008
Decision Date:	06/12/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/18/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, depression, anxiety, and insomnia reportedly associated with cumulative trauma at work between the dates November 2, 2008 through November 2, 2009. In a Utilization Review report dated January 19, 2015, the claims administrator denied a request for Fioricet while approving requests for ProSom and Wellbutrin. The claims administrator referenced a January 7, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. In an order form, not clearly dated, Fioricet, ProSom, and Wellbutrin were endorsed without any supporting progress notes or narrative commentary. In a progress note dated December 10, 2014, the applicant apparently presented with multifocal pain complaints attributed to fibromyalgia. Neurontin, topical compounded medications, and Cymbalta were endorsed while the applicant was kept off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #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) Page(s): 23.

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 drug dependence. Here, the attending provider's handwritten prescription form/RFA form was not seemingly attached to any progress notes or narrative commentary so as to offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.