

Case Number:	CM15-0068835		
Date Assigned:	04/16/2015	Date of Injury:	04/13/2010
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: Internal 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 injured worker is a 43 year old male with an industrial injury dated 04/13/2010. His diagnosis includes chronic low back pain and sciatica pain, status post fusion hardware removal, status post spinal cord stimulator trial and chronic neck pain with cervicogenic headaches secondary to cervical disc injury. Prior treatment includes acupuncture, chiropractic and physical therapy. He presents on 02/26/2015 with complaints of pain in low back, neck, legs and head. Physical exam reveals an increase in paraspinal muscular tone with spasm in the mid to lower cervical levels. There was palpable spasm and muscle fullness from the thoracolumbar junction to the lumbosacral junction right side worse than left. Treatment plan includes anti-inflammatory medications, pain medications and a trial of cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorcet tab, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MedlinePlus.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet Barbiturate-containing analgesic agents (BCAs) Page(s): 47, 23.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Fioricet which is categorized as a barbiturate-containing analgesic agent (BCA). Barbiturate-containing analgesic agents (BCA) 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. There is a risk of medication overuse as well as rebound headache. The primary treating physician's progress report dated 2/26/15 documented a history of chronic low back pain, status post lumbosacral spine surgery, chronic neck pain, cervicogenic headaches, and cervical disc injury. Per MTUS, Fioricet, which is categorized as a barbiturate-containing analgesic agent (BCA) is not recommended for chronic pain. The use of Fioricet is not supported by MTUS guidelines. Therefore, the request for Fioricet is not medically necessary.