

Case Number:	CM15-0075443		
Date Assigned:	04/27/2015	Date of Injury:	04/20/2012
Decision Date:	05/22/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 61-year-old female, who sustained an industrial injury on April 20, 2012, incurring right wrist, right knee, right ankle and left knee injuries from repetitive motions. She was diagnosed with carpal tunnel. Treatment included surgical interventions, Electromyography studies physical therapy and pain management. Currently, the injured worker complained of right knee pain and left foot pain. The treatment plan that was requested for authorization included a prescription for Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 22.

Decision rationale: Fioricet 50mg quantity 120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that barbiturate-containing

analgesic agents (BCAs) 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 documentation does not discuss efficacy of this medication from prior use and the MTUS does not recommend this medication for chronic pain. Additionally, this medication can cause rebound headaches. There are no extenuating circumstances in the documentation submitted which would necessitate taking Fiorocet therefore this request is not medically necessary.