

Case Number:	CM15-0078085		
Date Assigned:	04/29/2015	Date of Injury:	07/01/2012
Decision Date:	06/01/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: Physical Medicine & Rehabilitation

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 56 year old male who sustained an industrial injury on 7/1/12 while lifting boxes. He immediately experienced a sharp pain in his low back. He was given medication, physical therapy and lumbar support. He currently complains of anterior, posterior arm wrist, hand pain, elbow, left and right cervical, lumbar, sacroiliac, right buttock, pelvic, posterior leg, knee, ankle, foot and hip pain. His pain level is 9/10. He has sleep difficulties. Medications relieve pain. Medications are topical creams and Fioricet. Medications help him perform activities of daily living. Diagnoses include lumbar and cervical intervertebral disc displacement without myelopathy; sprain of knee and leg; shoulder tendinitis; tear of meniscus in knee; cervical spinal stenosis; insomnia headache face/ hand pain; gastroesophageal reflux disease. Treatments to date include medications and physical therapy. In the progress note dated 3/13/15 the treating provider's plan of care includes Fioricet 50/325 40 mg. as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet strength 50/325/40 mg #60 refills unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBN reference, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference,

[www.rxlist.com]www.rxlist.com, ODG Workers compensation drug formulary, [www.odg-twc/formulary.htm]www.odg-twc/formulary.htm, Epocrates online www. online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid]www.empr.com-opioid dose calculator-Agency medical directors group dose calculator [www.agencymeddirectors.wa.gov]www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics BCA's Page(s): 23.

Decision rationale: The patient was injured on 07/01/125 and presents with pain in his left anterior/posterior arm, left anterior/posterior forearm, left anterior/posterior wrist, left anterior/posterior hand, left anterior/posterior elbow, cervical spine, lumbar spine, left/right sacroiliac, right buttock, right pelvic, right posterior leg, right knee, right ankle, right foot, and hip pain. The request is for FIORICET STRENGTH 50/325/40 MG #60 REFILLS UNKNOWN. The RFA is dated 03/13/15 and the patient is on temporary total disability. MTUS Guidelines, page 23, in regards to Barbiturate containing analgesics BCA's such as Fiorinal states: "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 patient is diagnosed with lumbar and cervical intervertebral disc displacement without myelopathy, sprain of knee and leg, shoulder tendinitis, tear of meniscus in knee, cervical spinal stenosis, insomnia, headache face/head pain, and gastroesophageal reflux disease. He has palpable tenderness at the left anterior shoulder, left anterior forearm, left anterior wrist, left clavicular, left posterior shoulder, left posterior arm, left posterior elbow, left posterior forearm, left posterior wrist, and left cervical dorsal. The reason for the request is not provided. It appears that this is the initial trial for this medication. MTUS does not support Barbiturate-containing analgesic agents for chronic pain due to high abuse-risk potential, dependence risk, and a risk of rebound headaches following administration. Therefore, the requested Fioricet IS NOT medically necessary.