

Case Number:	CM15-0079285		
Date Assigned:	04/30/2015	Date of Injury:	10/01/2013
Decision Date:	05/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 49 year old male, who sustained an industrial injury on 10/1/13. The injured worker was diagnosed as having cervical disc disease, cervical facet syndrome and posterior annular tear at C6-7. Treatment to date has included oral medications and activity restrictions. Currently, the injured worker complains of constant, sharp pain in cervical spine with radiation to head causing severe headaches, he rates the pain 7/10. The injured worker states the current medication regimen helps with the pain. Physical exam noted tenderness to palpation over the cervical paravertebral musculature with radiation to the trapezius muscles on the left and tenderness upon palpation over the cervical facet joints from the C4-C7 levels. The treatment plan included prescriptions for Percocet and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floriset q6h prn #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BCAs.

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

Decision rationale: Fioricet is a Barbiturate-containing analgesic agents (BCAs). According to MTUS guidelines, “Barbiturate-containing analgesic agents (BCAs). 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. (Friedman, 1987).” There is no documentation of functional improvement with previous use of Fioricet. Therefore, the prescription of Floricet q6h prn #60 is not medically necessary.