

Case Number:	CM15-0090501		
Date Assigned:	05/14/2015	Date of Injury:	10/23/2013
Decision Date:	06/17/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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, California
 Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 10/23/2013. The current diagnoses are rear-end collision with loss of consciousness, cervicothoracic strain/arthrosis, post-traumatic headaches, and insomnia. According to the progress report dated 4/15/2015, the injured worker complains of cervical/lumbar spine pain with soreness and stiffness, upper extremity pain with weakness and tingling in the hands and fingers, depression, insomnia, and increased headaches associated with dizziness. The level of pain is not rated. Treatment to date has included x-rays, MRI studies, and electro diagnostic testing. The plan of care includes prescription for Fioricet. The patient has had increased headache and dizziness, pain in cervical spine with stiffness, tingling in UE, depression and insomnia. The patient has had MRI brain on 1/28/14 that was normal. The patient sustained the injury due to MVA. The patient has had history of bilateral CTS. Patient has received an unspecified number of PT visits for this injury. The medication list include Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Fioricet #40: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/30/15) Barbiturate-containing analgesic agents (BCAs).

Decision rationale: Request: One (1) prescription of Fioricet #40. Fioricet contains a combination of acetaminophen, butalbital, and caffeine. Butalbital is a barbiturate with an intermediate duration of action. Butalbital is often combined with other medications, such as acetaminophen (paracetamol) or aspirin, and is commonly prescribed for the treatment of pain and headache. As per cited guideline, "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)" The Barbiturate-containing analgesic agents are not recommended as per the cited guidelines. He is already on other medications for pain including Ibuprofen. The response to these medications is not specified in the records provided. The rationale for adding fioricet is not specified in the records provided. The request for One (1) prescription of Fioricet #40 is not medically necessary for this patient.