

# INDEPENDENT REVIEWERS OF TEXAS, INC.

2150 S. Central Expressway · Suite 200-264 · McKinney, Texas 75070

Office 214-533-2864 Fax 214-380-5015

e-mail: [independentreviewers@hotmail.com](mailto:independentreviewers@hotmail.com)

**[Date notice sent to all parties]:**

**5/26/2015**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Butal- Acet- caff  
50-325-40mg 1 tablet P.O. every 6 hours #120 30 days supply**

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR  
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:  
Board Certified Neurology**

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who has previously been diagnosed with a brain aneurysm. The patient had been seen by neurosurgery. A prior surgical intervention had taken place, repairing the aneurysm in the past. There is an indication the patient had complaints of headaches along with discomfort in the head. The note indicates the patient had been prescribed the use of Fioricet to address the ongoing headaches. The patient described the headaches as diffuse in nature, located at the temporal region. There is an indication the patient had also been utilizing Topamax to address the severity of the headaches. Previous use of medications to include Maxalt, Imitrex, and Tylenol #3, as well as Hydrocodone, provided no long-lasting benefit. The patient reported some side effects with the use of these other medications. There is an indication the patient had undergone a recent angiogram to address the ongoing issues with the aneurysm. The aneurysm was identified as being inoperable secondary to the blood vessel arising from the saccular aneurysm. The clinical note dated 12/05/14 indicates the patient

continuing with the use of Fioricet for headache control. The patient continued with care from a neurosurgeon. The patient was recommended to continue with the use of the medication prescribed. The required medical examination dated 03/18/15 indicates the initial injury occurred on 05/19/2006 when he was struck in the head by a pipe, which caused a depressed skull fracture and a subdural hematoma. The note does indicate the patient continuing with complaints of headaches, as well as cognitive deficits. The patient had undergone a right-sided craniotomy to address the subdural hematoma. However, the patient reported ongoing severe headaches. The aneurysm was discovered in May of 2008. The patient continued with the use of Fioricet 2-4 times a day. The patient reported that the current medications were helping him to control his headaches. The clinical note dated 03/18/15 indicates the patient continuing to be prescribed the use of Topamax and Fioricet. The utilization reviews dated 03/31/15 and 04/24/15 resulted in denials for the use of Fioricet as the ongoing use of this medication is not recommended.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The documentation indicates the patient had been struck in the head by a pipe, resulting in a subdural hematoma with a subsequent discovery of an aneurysm in 2008. The clinical notes indicate the patient having been prescribed the long-term use of Fioricet. Currently, no high-quality studies exist reporting the ongoing use of Fioricet to address ongoing complaints of headaches. There appears to be potential for drug dependence with the use of this medication. Additionally, the use of this medication is to address the acute complaints of headaches. Given the lack of supporting evidence regarding the long-term use of this medication, the request is not indicated. As such, it is the opinion of this reviewer that the request for Fioricet is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT 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) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. (AGS, 2012) See also Opioids.