

<b>Case Number:</b>	CM13-0029795		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 40-year-old male with a 6/25/08 date of injury, and status post C5-7 cervical discectomy and fusion. At the time (8/27/13) of request for authorization for Fiorinal 1-2 tablets by mouth every 4 hours as needed - quantity: 60, there is documentation of subjective (neck pain rated 3-4/10 with radiation to the left upper extremity with associated stiffness and soreness in the bilateral shoulder blades) and objective (diminished sensation at the L5 dermatomes, weakness in the left deltoid 4/5, decreased cervical spine range of motion, positive Spurling bilaterally, diminished sensation at the C5 and C6 dermatomes) findings, current diagnoses (status post anterior cervical discectomy and fusion with residuals, C5 radiculitis and radiculopathy, chronic residual pain issues status post cervical spine surgery), and treatment to date (selective nerve root block, home exercise, program, and medications (including ongoing use of Fiorinal since at least 4/13)). 6/25/13 medical report identifies a request for Fiorinal 1-2 tabs # 60 PRN headache. There is no documentation of subjective/objective findings consistent with tension headaches and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fiorinal use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORINAL 1-2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED - QUANTITY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=fiorinal>; Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guideline identify that Fiorinal contains a combination of aspirin, butalbital, and caffeine. In addition, Medical Treatment Guideline identifies documentation of tension headaches, as criteria necessary to support the medical necessity for Fiorinal. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion with residuals, C5 radiculitis and radiculopathy, chronic residual pain issues status post cervical spine surgery. However, despite documentation of a request for Fiorinal 1-2 tabs # 60 PRN headaches, there is no documentation of subjective/objective findings consistent with tension headaches. In addition, given medical records reflecting prescription for Fiorinal since at least 4/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fiorinal use to date. Therefore, based on guidelines and a review of the evidence, the request for Fiorinal 1-2 tablets by mouth every 4 hours as needed - quantity: 60 is not medically necessary.