

<b>Case Number:</b>	CM13-0040427		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/29/1999
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

The injured worker is a 49-year-old male who reported an injury on 09/29/1999. The mechanism of injury was the injured worker was hit by a gondola full of grapes. The injured worker's medication history included Norco 10/325 mg, Soma 350 mg, and Fiorinal 3 times a day as of 05/2013. The documentation of 09/30/2013 revealed the injured worker indicated that the MSIR was not effective anymore. The injured worker stated the pain was "making me crazy." The objective findings revealed moderate lumbar tenderness. The diagnosis included mechanical back pain, musculoskeletal neck pain and symptom magnification. The treatment plan included Fiorinal tablets 3 times a day, MiraLAX, discontinue MSIR, and change it for Oxycodone 10 mg every 4 hours #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORINAL, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agent (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbitural Containing Analgesics.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines do not recommend utilization of barbiturate containing analgesics for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since May of 2013. There was a lack of documentation of objective functional benefit with the use of the medication. The request as submitted failed to indicate the strength as well as the frequency for the requested medication. Given the above, the request for Fiorinal, #90 is not medically necessary and appropriate.