

Case Number:	CM13-0065852		
Date Assigned:	01/03/2014	Date of Injury:	10/09/2000
Decision Date:	04/30/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/14/2013

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 Family Practice, 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 patient is a 49-year-old male who reported an injury on 10/19/2000. The mechanism of injury was a wheelbarrow fell on top of the patient's chest. The followup evaluation dated 11/04/2013 indicated the patient had reports of lower back ache. The patient reported his pain on average is 5/10. It was noted the patient takes his medications as prescribed. The patient reported his medications are helping with his pain and with severe pain he takes left over MSIR 15 mg. It was noted no side effects were reported. It was noted there was no medication abuse suspected. It was noted the patient had not had a refill of medication in almost a year. The patient reported only taking 1 pill a week. It was noted the patient's quality of life has remained unchanged. The patient reported quality of sleep was normal. It is noted the patient is status post lumbar laminectomy and fusion in 2003. Medications included docusate sodium 250 mg twice a day, polyethylene glycol 3350 powder 16 grams twice daily, Norco 10/325 mg every 4 to 6 hours as needed for pain with a maximum of 3 a day, Fiorinal 325/40/50 mg daily, and morphine sulfate IR 15 mg daily as needed. Upon examination of the cervical spine, there was tenderness to palpation of the paravertebral muscles bilaterally, rhomboids, and trapezius. It was noted there was near full range of motion. Upon examination of the lumbar spine, there was tenderness to palpation of the paravertebral muscles and bilateral SI joints. Lumbar facet loading was positive on both sides. There was limited range of motion. There was noted tenderness over the sacroiliac spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF FIORINAL 325/40/50MG #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

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

Decision rationale: The request for Fiorinal 325/40/50 mg #20 is non-certified. The California MTUS states the barbiturate containing analgesic agents (BCAs) is not recommended for chronic pain. The potential for drug dependence is high and evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is risk of medication overuse as well as rebound headache. The records submitted for review indicated the patient's average pain was 5/10. In addition, the records submitted for review indicated the patient's medications were helping. It was noted there were no side effects reports and no medication abuse suspected. Furthermore, it was noted the patient had not had a refill of medication in a year. However, the records provided for review failed to include documentation of the patient's pain, using the VAS, with and without medication and objective functional improvement with the use of medication. Furthermore, the California MTUS does not recommend barbiturate containing analgesic agents for chronic pain. As such, the request for Fiorinal 325/40/50 mg #20 is not supported. Therefore, the request is non-certified.