

<b>Case Number:</b>	CM14-0018073		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/25/2001
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Internal Medicine and Pulmonary Diseases, 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:

The injured worker is a 57-year-old female with a date of injury of 4/25/01. The mode of injury was slipping on a wet floor. The injured worker was seen on 3/10/14 for an office visit with the chief complaint of low back pain and headache. The injured worker did have initial physical therapy, but the number of sessions and effectiveness were not noted in the documentation. It was noted that the injured worker initially had conservative care of medications and injections. The type(s) of injections was/were not noted in the documentation provided for review. The injured worker has diagnoses of status post lumbar spine surgery in 2001, status post cervical spine surgery in 2012, L4-S1 degenerative disc disease, and bilateral thumb surgery. The injured worker states her present pain level was 7- 8/10. Current medications were Fiorinal 50/325/40mg, three times a day; Nexium delayed release 40mg, one daily; Norco 10/325mg, one four times a day; Zanaflex 4mg, one in the evening and one at bedtime. On physical exam, the physician noted tenderness to L4 and L5. Spasms were noted to the paraspinal, and there were trigger points at L4, L5, and left sciatic. The physician noted that range of motion is decreased 50%, there was abnormal/reduced sensory in the foot. Deep tendon reflexes and abnormal reduced ankle jerk were noted. Also noted was an abnormal gait along with a positive straight leg raise. The plan is to continue the present program, continue the present medication regimen, and return in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FIORINAL 50/325/40MG TID: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The California MTUS states that barbiturate-containing analgesic agents (BCAs) are 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. There also is a risk of medication overuse, as well as rebound headaches. The objective documentation provided on the physical exam noted tenderness to the lumbar region, along with paraspinal spasms, trigger points, decreased range of motion, and abnormal sensory exam. The documentation provided for review did not state any decrease in pain level, and/or an increase in functionality or activities of daily living for the patient. The California MTUS notes that Fiorinal is a BCA, and is therefore not recommended for chronic pain. Furthermore, the quantity of the requested medication was not provided in the request as submitted. Therefore, the request is non-certified.