

<b>Case Number:</b>	CM14-0169136		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	11/22/1996
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 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:

The injured worker is a 62 year old female with a date of injury on 11/22/1996. She has history of diabetes, asthma, rheumatoid arthritis, methicillin-resistant staphylococcus aureus, and hypertension since wound infections in 2010. Previous surgeries include permanent placement of tubes in both ears, abdominal hysterectomy, lumbar fusion from L4 to S1 (2001) with postop wound infection, laparoscopic cholecystectomy in 2002, and revision fusion from L2 to S1 with use of cage and cadaver bone in 2010. Per 4/2/2014 records, the injured worker continued to describe low back pain with worsening radicular pain symptoms. She shared that she has had increased numbness and difficulty with walking. Previous X-rays of the lumbar spine dated 12/12/2012 notes lucency at the pedicle screws of L4 bilaterally. X-rays of the lumbar spine dated 5/30/2012 noted evidence of prior surgery with a laminectomy defect at L3 and L5. There is evidence of the prior fusion from L4 to S1 lateral bony consolidation at the L4 to S1 segments. There is new fusion hardware from L2 to L4 with pedicle screws at L2, L3 and L4 bilaterally. Halos appear to be developing around the pedicle screws at L4 which may indicate an early sign of loosening hardware. Most recent records dated 9/10/2014 indicate that the injured worker complained of persistent low back and lower extremity pain with poor balance and spasms. She stated that her pain symptoms were worse due to being out of medication and refills. She is diagnosed with (a) status post posterior lumbar interbody fusion, L4 to S1, 2001 with post-op wound infection; (b) status post removal of hardware and exploration of fusion, March 2010; (c) status post extension of lumbar fusion L2 to L4 with instrumentation, March 2010; (d) severe left pelvic upswing and bilateral sacroiliac joint dysfunction; (e) status post irrigation and debridement, lower back wound infection times two, May 2010; and (f) lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Fiorinal 50-325-40mg Capsules sig 1 PO q 8h prn headache quantity: 90, 3 refills,:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Workers Compensation Drug Formulary and Goodmans and Gilman's 'The pharmacological basis of therapeutics 12th edition Mc Graw Hill 2010, Physician Desk Reference

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

**Decision rationale:** Fiorinal contains a combination of aspirin, butalbital, and caffeine. The main concern here is butalbital which is a barbiturate although one of its primary indications is to relax muscle contractions involved in tension headache. Based on this information, this medication is classified under barbiturate-containing analgesic agents. Guidelines indicate that this medication is not recommended due to potential for drug dependence and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate-containing analgesic agents due to the barbiturate constituents. There is also risk of medication overuse as well as rebound headache. Other studies indicate that this medication is classified under "non-preferred therapies" for treatment of headaches as there are no placebo-controlled trials documenting the effectiveness of barbiturate-containing analgesic agents. Recommendation of limiting opiates use in migraine treatment. In this case, records indicate that the injured worker has been utilizing Fiorinal in the chronic term; however, records do not indicate that this is the injured worker's primary concern as she is noted to be more focused on the problems relating to her lower back. Due to absence of support from evidence-based guidelines and scientific studies, there is no indication of improvements in spite of the chronic use of Fiorinal. The medical necessity of the requested Fiorinal 50-325-40 mg capsules sig 1 by mouth every 8 hours headache quantity 90 with three refills is not established.