

Case Number:	CM14-0035523		
Date Assigned:	06/23/2014	Date of Injury:	02/18/1991
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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 Physical Medicine & Rehabilitation 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 48 year old male who reported an injury on 02/16/1991 due to pushing a Hummer out of his work site. The injured worker complained of low back pain, left leg pain and right leg pain. The injured worker stated that pain was increased with sitting, standing, cooking, sexual activities, walking, traveling by car and bending at the waist. On physical examination of the low back, straight leg raising in the sitting position was 60 degrees on the right and 70 degrees on the left. There was diminished sensation in the right third, fourth and fifth toes. There was no measurable pain documented. The injured worker has diagnoses of recurrent herniated disc at L5-S1, status post laminectomy at L5-S1 on September 23, 1992 and status post laminectomy on December 15, 1994. The injured worker has had physical therapy, epidural injections and medications. Medications to include Norco 10mg, Prilosec 20mg, Lunesta 3 mg at bedtime and Celebrex 200mg 2 times a day. The treatment plan is for Fiorinal with Codeine #30 (no refills). The rationale was not submitted for review. The request for authorization was submitted on 04/09/2013 by [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal with Codeine #30 (No Refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use, Opioids for chronic pain, and Weaning of Medications Page(s): 79, 80, 124. Decision based on Non-MTUS Citation McLean, 2000; Friedman, 1987.

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

Decision rationale: The request for Fiorinal with Codeine #30 (No Refills) is not medically necessary. Fiorinal is a medication consisting of aspirin, the barbiturate Butalbital, and caffeine. The injured worker complained of low back pain, left leg pain and right leg pain. The injured worker stated that pain was increased with sitting, standing, cooking, sexual activities, walking, traveling by car and bending at the waist. The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Barbiturate-containing analgesic agents such as Fiorinal with Codeine 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. Guidelines also state that there is a risk of medication overuse as well as rebound headache. The documentation provided does not show any evidence of acute pain. The injured worker has a history of chronic pain. Fiorinal with Codeine per MTUS guidelines is not recommended for chronic pain. The reports indicate that the injured workers injury is well over 20 years old which exceeds the recommendations of usage of Fiorinal with Codeine. There was also a lack of documentation showing whether or not the injured workers medications were assisting with his functional deficits. No record of urinalysis to date. Furthermore, there was no dosage and duration submitted with request. As such, the request for Fiorinal with Codeine #30 (no refills) is not medically necessary.