

Case Number:	CM14-0071228		
Date Assigned:	07/14/2014	Date of Injury:	01/19/2007
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 65-year-old male with a 1/19/07 date of injury. The patient was injured when walking up a ladder and fell backwards and sustained a right wrist fracture and a spinous fracture of L1 and L2. According to a progress note dated 4/18/14, the patient reported that he has days of ups and down due to low back pain. He said that he awakes every morning with a backache which subsides with Fioricet and Tylenol to start, then Celebrex later in the day. On really bad days he requires the compound creams for pain. Objective findings: none documented. Diagnostic impression: arm contusion, carpal tunnel syndrome/neuropathy, shoulder impingement, cubital tunnel syndrome - right, epicondylitis medial - right, orthopedic device pain syndrome. Treatment to date: medication management, activity modification, surgery. A UR decision dated 5/5/14 denied the request for Fiorinal. According to a peer-to-peer discussion, the provider stated that Fiorinal was prescribed because the patient has frequent headaches associated with a prior history of head trauma. However, fiorinal is not indicated for chronic pain, therefore ongoing use of Fiorinal is therefore not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal, 50/325/40 mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Fiorinal).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesics are not recommended for chronic pain, with high potential for drug dependence and no evidence to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. The FDA states that Fiorinal is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. According to the reports reviewed, the patient has been on Fiorinal since at least 11/15/13. Guidelines do not support Fiorinal for long-term use due to the risk of drug dependence. In addition, there is no documentation that the patient has had a trial of guideline-supported medications for chronic headaches. Therefore, the request for Fiorinal, 50/325/40 mg, #100 was not medically necessary.