

Case Number:	CM14-0075278		
Date Assigned:	07/16/2014	Date of Injury:	05/08/2003
Decision Date:	09/16/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

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 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:

According to the records made available for review, this is a 57-year-old female with a 5/8/03 date of injury. At the time (4/21/14) of request for authorization for Fiorinal 1 tab daily as needed #30, there is documentation of subjective (ongoing neck pain associated with cervicogenic headaches and radicular pain) and objective (tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital regions with multiple trigger points and taut bands; decreased cervical range of motion; right shoulder tenderness to palpation along the shoulder joint line with decreased range of motion, decreased brachioradialis reflexes bilaterally, and decreased sensation along the posterior lateral arm and forearm bilaterally) findings, current diagnoses (status post anterior cervical discectomy and fusion on 12/13/05 with removal of hardware on 3/30/10, cervical post-laminectomy syndrome, right shoulder impingement syndrome, reactionary depression and anxiety, possible right ulnar neuropathy at the elbow, status post right shoulder rotator cuff repair, and status post spinal cord stimulator implant), and treatment to date (cervical spine decompression and fusion, spinal cord stimulator implant in 2012, and medications (opioids, Fioricet, Imitrex, and Xanax)). There is no documentation of tension (or muscle contraction) headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORINAL 1 TAB DAILY AS NEEDED #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/NSAIDS (NON STEROIDAL ANTI-INFLAMMATORY DRUGS); BARBITUATE-CONTAINING ANALGESIC AGENTS (BCAS) Page(s): 67, 68, 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation (<http://www.drugs.com/fiorinal.html>).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain; that 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; and that there is a risk of medication overuse as well as rebound headache. Medical Treatment Guideline identifies documentation of tension (or muscle contraction) headache as criteria necessary to support the medical necessity of Fiorinal (Butalbital, Aspirin, and Caffeine). Within the medical information available for review, there is documentation of diagnoses of status post anterior cervical discectomy and fusion on 12/13/05 with removal of hardware on 3/30/10, cervical post-laminectomy syndrome, right shoulder impingement syndrome, reactionary depression and anxiety, possible right ulnar neuropathy at the elbow, status post right shoulder rotator cuff repair, and status post spinal cord stimulator implant. However, despite documentation of cervicogenic headaches, there is no (clear) documentation of tension (or muscle contraction) headache. Therefore, based on guidelines and a review of the evidence, the request for Fiorinal 1 tab daily as needed #30 is not medically necessary.