

Case Number:	CM15-0164558		
Date Assigned:	09/01/2015	Date of Injury:	02/03/2007
Decision Date:	10/05/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 was a 55-year-old male, who sustained an industrial injury, February 3, 2007. The injured worker previously received the following treatments Vicodin, Ambien, Percocet, Colace, Pamelor, Gabapentin, Trazodone, Florinal, Oxycodone, lumbar spine MRI on August 22, 2012, cervical epidural steroid injections, lumbar spine x-rays on August 22, 2012, physical therapy, psychiatric evaluation and pain management specialist. The injured worker was diagnosed with Chronic neuropathic pain secondary to brachial plexus injury, failed cervical spine surgery times 2, and lumbar surgery times 2, chronic multilevel degenerative disk disease, lumbar fusion of L1-L4, cervical myelopathy. According to progress note of July 2, 2015, the injured worker's chief complaint was chronic neuropathic pain secondary to cervical myelopathy and lumbar degenerative disc disease. The injured worker was experiencing increased upper extremity numbness and paresthesias with weakness in the hands. The cervical spine MRI showed disc herniation at C3-C4 with stenosis. The injured worker underwent an anterior cervical decompression and fusion with clearing of C3-C4 on September 25, 2013. The injured worker continued to suffer from decreased strength with continued burning pain in both upper and lower extremities. The current complaints were of neck pain and stiffness with posterior headaches. The pain was rated at 2-47 out of 10. The moderate to severe posterior headaches were 2-4 times a week and were worse in the mornings. There was occasional visual impairment, tinnitus or nausea. The injured worker's sleep was interrupted secondary to neck pain and stiffness with spasms in the upper arms. The physical exam noted the pain level was 2-4 out of 10. The examination of the cervical spine noted a mild head forward position. There were tender points noted over the suboccipital, middle and lower cervical paraspinals exam revealed tender points over the upper trapezius with palpation. The headaches were related

secondary to rest. The injured worker reported the head were relieved by Florinal. The treatment plan included prescription for Florinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Fiorinal #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Fioricet contains barbiturates, Aspirin and Caffeine. Fioricet is indicated for headaches and migraines. According to the guidelines, barbiturates containing compounds 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. The claimant had been on Fioricet along with opioids for a prolonged period of time increasing addiction risk. The use of Fiorinal is not medically necessary.