

Case Number:	CM15-0167513		
Date Assigned:	09/08/2015	Date of Injury:	10/06/2010
Decision Date:	10/22/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/26/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 41 year old female, who sustained an industrial injury on 10-06-2010. She has reported injury to the left upper extremity. The injured worker has been treated for chronic regional pain syndrome, left upper extremity. Treatment to date has included medications, diagnostics, cervical epidural injection, stellate ganglion block, and surgical intervention. Medications have included Norco, Topamax, Gabapentin, Butrans Patch, Fiorinal, Cymbalta, Alprazolam, and Prilosec. Surgical intervention has included left radial decompression. A progress report from the treating provider, dated 07-09-2015, documented a follow-up visit with the injured worker. The injured worker reported ongoing, significant burning and pain symptoms in her neck, bilateral upper extremities, across the bilateral shoulders and the bilateral lower extremities; her headaches persist as well; she continues to keep the left upper extremity to the hand covered; and her pain is rated as 10 out of 10 in intensity, but is reduced to a 7 out of 10 in intensity with use of her medications. Objective findings included there are significant nail bed changes; the nails in her left hand and all fingers are becoming increasingly rounded; the nails are changing in shape and significantly more ridges in the left hand; and she is developing significant atrophy in the left hand due to disuse and atrophic changes in the skin. The treatment plan has included the request for Fiorinal 50-325-40mg #60, 1 by mouth twice daily, 1 refill. The original utilization review, dated 07-27-2015, modified a request for Fiorinal 50-325-40mg #60, 1 by mouth twice daily, 1 refill, to Fiorinal 50-325-40mg #20, no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal 50-325-40mg #60, 1 po BID, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents, Opioids for chronic pain.

Decision rationale: The requested Fiorinal 50-325-40mg #60, 1 po BID, 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. CA MTUS Chronic Pain Treatment Guidelines, p. 23 Barbiturate-containing analgesic agents (BCAs) not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important. The injured worker has ongoing, significant burning and pain symptoms in her neck, bilateral upper extremities, across the bilateral shoulders and the bilateral lower extremities; her headaches persist as well; she continues to keep the left upper extremity to the hand covered; and her pain is rated as 10 out of 10 in intensity, but is reduced to a 7 out of 10 in intensity with use of her medications. Objective findings included there are significant nail bed changes; the nails in her left hand and all fingers are becoming increasingly rounded; the nails are changing in shape and significantly more ridges in the left hand; and she is developing significant atrophy in the left hand due to disuse and atrophic changes in the skin. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening; nor medical necessity specifically for a barbiturate-containing medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, Fiorinal 50-325-40mg #60, 1 po BID, 1 refill is not medically necessary.