

<b>Case Number:</b>	CM15-0201187		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 is a 41 year old female, who sustained an industrial injury on October 06, 2010. The injured worker was diagnosed as having chronic regional pain syndrome to the left upper extremity. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the left shoulder, magnetic resonance imaging of left wrist, bone scan, electrodiagnostic studies, electromyogram with nerve conduction velocity, at least three cervical epidural injections, at least four stellate ganglion blocks, and medication regimen. In a progress note dated September 03, 2015 the treating physician reports complaints of increasing pain to the left upper extremity that has spread to the right upper extremity, the bilateral lower extremities, the bilateral hips, and to the feet. The progress note on September 03, 2015 did not include examination findings. Examination performed on July 09, 2015 was revealing for "significant" atrophy to the left hand secondary to disuse atrophic changes of the skin. The injured worker's medication regimen on September 03, 2015 included Cymbalta (since at least prior to March 12, 2015), Fiorinal (since at least prior to March 12, 2015), Topamax, Butrans, and Norco. The injured worker's pain level on September 03, 2015 was rated a 6 on a scale of 0 to 10 with the use of her medication regimen and the pain level was rated a 7 on a scale of 0 to 10 without the use of her medication regimen, but the progress note did not include if the injured worker experienced any functional improvement with activities of daily living with use of her medication regimen. On September 03, 2015 the treating physician requested the medications of Fiorinal 50-325-40mg with one tablet twice a day quantity 60 with one refill and Cymbalta 30mg with one tablet daily quantity

30 with one refill noting current use of these medications. On September 14, 2015 the Utilization Review determined the requests for Fiorinal 50-325-40mg with one tablet twice a day quantity 60 with one refill and Cymbalta 30mg with one tablet daily quantity 30 with one refill to be modified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fiorinal 50/325/40mg, one twice a day quantity 60 with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

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

**Decision rationale:** Fioricet contains barbiturates, Aspirin and Caffeine. Fioricet is indicated for headaches and migraines. The clinical notes in August 2015 from Psychiatry indicate the claimant is on Fiorinal for migraines but response to medication or quality of headaches is not elaborated. 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 for a prolonged period of time along with opioids. Continued and long-term use of Fiorinal is not medically necessary.

**Cymbalta 30mg, one once a day quantity 30 with one refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter, pg 16.

**Decision rationale:** Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. SSRIS such as Cymbalta however are appropriate for depression. The claimant had been on Cymbalta for several months due to depression and CRPS. The claimant had seen a psychiatrist who acknowledged the continued use as well as recommended a spinal cord stimulator. Continued use of Cymbalta is medically necessary.