

Case Number:	CM15-0022034		
Date Assigned:	02/11/2015	Date of Injury:	05/13/2011
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female who sustained an industrial injury on 05/13/2011. Current diagnoses include abdominal pain, acid reflux, constipation/diarrhea, bright red blood per rectum, nausea/vomiting, shortness of breath, and sleep disorder, rule out obstructive sleep apnea. Previous treatments included medication management, and right shoulder arthroscopic decompression on 04/04/2014. Report dated 12/04/2014 noted that the injured worker presented with improved abdominal pain with medication only, improved acid reflux, unchanged constipation/diarrhea, unchanged shortness of breath, worsening sleep difficulty, and unchanged nausea/vomiting. Physical examination did not reveal any abnormalities. Utilization review performed on 01/09/2015 non-certified a prescription for Fiorinal, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal #90: Upheld

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

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

Decision rationale: The patient presents with pain affecting the abdominal muscles. The current request is for Fiorinal #90. The treating physician report dated 12/4/14 (2B) did not provide a rationale for the current request and it was the sole report provided for review. The MTUS guidelines state that Barbiturate-containing analgesics agents are not recommended for chronic pain. The guidelines go on to state, "the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of Barbiturate Containing Agents due to the barbiturate constituents." In this case, the current request does not satisfy the MTUS guidelines as Barbiturate-containing analgesics agents are not recommended for chronic pain. Recommendation is for denial.