

Case Number:	CM15-0022791		
Date Assigned:	02/12/2015	Date of Injury:	02/16/1996
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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 62 year old female, who sustained a work injury on 2/16/96 as a paralegal due to continuous trauma. She has reported symptoms of ongoing neck pain along with right wrist and hand pain (carpal tunnel syndrome). Prior medical history included gouty arthritis, closed head injury in childhood, personality disorder, depression, anemia, hypertension, thyroid goiter, and urinary incontinence. Surgery included anterior cervical discectomy and fusion at C3-5 with revision and right carpal tunnel release with proximal row carpectomy. The diagnoses have included pain syndrome, chronic headaches, chronic cervical pain, s/p fusion C3-4, C4-5, C5-6, degenerative disc disease C6-7, prior carpal tunnel release, right hemiplegia with spasticity, and severe equinovarus right foot and ankle. Diagnostics included MRI on 4/30/96 demonstrating mild degenerative disc changes at C3-4 with more advanced and severe degenerative disc disease at C4-7 with diffuse bulging and uncovertebral joint hypertrophy, C4-5 with spinal stenosis. X-rays on 3/9/98 report right wrist, on evidence of fracture with question of mild lunate bone subluxation. Medications included Norco, Fiorinal, Cymbalta, Oxybutynin, Lisinopril, and Norvasc. According to the physician's report of 1/13/15, the IW had ongoing neck pain and stiffness, weakness of right upper and lower extremities, flexion contracture of digits in the right hand, weakness of the right foot with inversion of foot and poor ambulation, chronic daily headaches that were severe at times with radiation behind both eyes, associated chronic neck tension and muscle spasms, and use of a cane for ambulation secondary to cerebrovascular accident. Examination revealed limited neck range of motion, muscle spasms in cervical and paraspinal and trapezius muscles, cervical compression caused neck pain, flaccid weakness of

right upper extremity rated 0/5 in all planes, flexion contraction of right wrist and digits, ambulation with a limp, and some inversion of right foot and gait instability, and intact sensation of upper and lower extremities. A request was made for Fiorinal for pain management. On 1/27/15 Utilization Review non-certified a 1 prescription of Fiorinal #45, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fiorinal #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 AND p.23 "Ba.

Decision rationale: The requested 1 prescription of Fiorinal #45, 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 neck pain and stiffness, weakness of right upper and lower extremities, flexion contracture of digits in the right hand, weakness of the right foot with inversion of foot and poor ambulation, chronic daily headaches that were severe at times with radiation behind both eyes, associated chronic neck tension and muscle spasms, and use of a cane for ambulation secondary to cerebrovascular accident. Examination revealed limited neck range of motion, muscle spasms in cervical and paraspinal and trapezius muscles, cervical compression caused neck pain, flaccid weakness of right upper extremity rated 0/5 in all planes, flexion contraction of right wrist and digits, ambulation with a limp, and some inversion of right foot and gait instability, and intact sensation of upper and lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, 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, 1 prescription of Fiorinal #45 is not medically necessary.