

Case Number:	CM15-0029355		
Date Assigned:	02/23/2015	Date of Injury:	03/04/2003
Decision Date:	04/07/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/18/2015

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: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on March 4, 2003. His diagnoses include cervical 4-5 adjacent segment degeneration above a cervical 5-7 fusion, cervical 4-5 stenosis, left cervical 6 radiculopathy, cervical 5-6 and cervical 6-7 stenosis, status post cervical 4-5 anterior cervical discectomy and fusion and posterior foraminotomies at left cervical 5-6 and cervical 6-7, status post cervical 5-6 and cervical 6-7 anterior cervical discectomy and fusion, and headache. He has been treated with urine drug screening, TENS (transcutaneous electrical nerve stimulation), home exercise program, cervical collar, and medications including medications including two opioid analgesics, a migraine, a muscle relaxant, and a proton pump inhibitor. On February 5, 2015, his treating physician reports continued neck pain, mostly on the left side. The pain is 4 on a VAS (visual analogue scale). His left arm numbness has improved with physical therapy and surgery. The physical exam was deferred. Current medications include two opioid analgesics, a migraine, a muscle relaxant, and a proton pump inhibitor. The treatment plan includes beginning the weaning of his medications. On February 18, 2015, the injured worker submitted an application for IMR for review of prescriptions for Exalgo 32mg #60, Fiorinal 1 #120, and Oxycodone 10mg #120. The Exalgo and Oxycodone were non-certified based on the need for evidence of functional benefit as a result of medication to justify continuation or this supply should be used for downward titration and complete discontinuation only, due to medication non-compliance. The Fiorinal was modified based on this medication is not recommended for chronic pain, and further documentation of subjective and/or functional benefit as a result of medication and the need for

continuation, or this #60 supply of this medication will be discontinued on subsequent review, due to medication non-compliance. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, ACOEM (American College of Occupational and Environmental Medicine) Guidelines, Non- Medical Treatment Utilization Schedule (MTUS) guidelines, and the Official Disability Guidelines (ODG) was/were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal 1, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

Decision rationale: The Official Disability Guidelines do not recommended Fioricet 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. Fiorinal is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. Fiorinal 1, #120 is not medically necessary.