

Case Number:	CM15-0034516		
Date Assigned:	03/02/2015	Date of Injury:	02/28/2005
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 34-year-old female who sustained an industrial related injury on 2/28/05 due to boxes falling on her. The injured worker had complaints of hip pain. Diagnoses included left hip pain, adhesive capsulitis, and status post hip arthroscopy. Treatment included a left hip arthroscopic femoroplasty, acetabuloplasty, labral repair, and synovectomy on 8/21/14, right shoulder surgery on 1/10/08, left knee surgery x2 on 2/22/08 and 6/9/10, physical therapy, and steroid injections. Medications included Celebrex, Tramadol, and Ibuprofen. The treating physician requested authorization for Fiorinal #15. On 2/5/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the guidelines state barbiturate containing analgesic agents are not recommended for chronic pain. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agent (BCAs).

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

Decision rationale: Fiorinal contains Butalbital (barbiturates) and Aspirin and Caffeine. According to the guidelines, 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 is already taking opioids and NSAIDs which would compound the negative effects of Butalbital. The continued use of Fiorinal is not medically necessary.