

Case Number:	CM15-0042045		
Date Assigned:	03/12/2015	Date of Injury:	08/08/2007
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 61 year old female who sustained an industrial injury on 8/8/07. The injured worker reported symptoms in the neck, back and lower extremities. The injured worker was diagnosed as having trigger points in the bilateral levator scapulae, bilateral sacroilitis, right greater than left, status post anterior cervical decompression and fusion, posterior spinal fusion, disc herniation, facet arthropathy, chronic neck pain, chronic pain syndrome and chronic low back pain. Treatments to date have included oral pain medication, oral muscle relaxant, home exercise program, trigger point injection, and activity modification. Currently, the injured worker complains of pain in the cervical spine, lower back and lower extremities. The plan of care included medication prescription and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal (Butalbital) #30: Upheld

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

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 Fiorinal 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 (Butalbital) #30 is not medically necessary.