

<b>Case Number:</b>	CM15-0117057		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, Michigan

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 43-year-old male, who sustained an industrial injury on 10/20/2008. He suffered a crush injury to the left side of his body when a slab of granite fell on him. Since that time he had limited ambulation ability. According to a functional mobility evaluation, the injured worker used a quad cane for short distances, but had developed pain in both lower extremities. He also had a manual chair that he could use for short distances, but because of the injury to his left arm, he was not able to propel the chair very far. He could perform transfers from his chair to his vehicle, but could not lift his chair into the car because it was too heavy. Relevant symptoms included pain, numbness and tingling throughout the left upper and lower extremity, decreased endurance secondary to shortness of breath, anxiety attacks and blurry vision. According to a progress reports dated 03/31/2015, subjective complaints included severe left leg and knee pain and burning and allodynia secondary to reflex sympathetic dystrophy. Objective findings included deformed left knee, left leg allodynia and left shoulder tenderness. Diagnoses included complex regional pain syndrome left leg, internal derangement left shoulder and left knee and mechanical back pain. The treatment plan included MS Contin 60mg three times a day, MSIR 15 mg twice a day as needed, Gabapentin 600mg four times a day, Zofran 4mg four times a day as needed, Miralax, Fibercon and Fiorinal three times a day as needed. According to a partially legible handwritten progress report dated 05/13/2015, the injured worker purchased his own medications. Objective findings included deformed left knee, left leg allodynia and left shoulder tenderness. Treatment plan included MS Contin 60mg three times a day, Gabapentin 600mg four times a day, Zofran 4mg four times a day as needed, Miralax, Fibercon and Fiorinal

three times a day as needed. Currently under review is the request for Fiorinal (no dose provided) three times a day as needed (no quantity provided).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fiorinal (no dose provided) TID as needed (no quantity provided): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that barbiturate-containing analgesic agents (BCAs) are 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. There is a risk of medication overuse as well as rebound headache. Guidelines also state that a record of pain and function with medications given should be recorded. The Official Disability Guidelines state that barbiturate-containing analgesic agents (BCAs) are 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. Guidelines do not recommend BCAs. Documentation provided did not demonstrate evidence of objective functional improvement with use of the medication. As such, the request for Fiorinal is not medically necessary.