

Case Number:	CM15-0118005		
Date Assigned:	06/26/2015	Date of Injury:	05/13/2011
Decision Date:	07/27/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 5/13/2011, while employed as an office manager. She reported a fall with loss of consciousness. The injured worker was diagnosed as having abdominal pain, acid reflux, constipation/diarrhea, bright red blood per rectum, and sleep disorder. Orthopedic and psychiatric diagnoses were deferred. Treatment to date has included diagnostics, physical therapy, pain management, right shoulder surgery 6/2014, epidural injections, acupuncture, trigger point injections, mental health treatment, and medications. Currently, the injured worker complains of gastric issues and sleeping difficulties. The use of Fiorinal was referenced since at least 12/2014. She reported several falls, as a result of right leg weakness, resulting in concussions. She was currently not working and was permanent and stationary. An allergy to Topamax was noted. Current medications included Nexium, Gaviscon, Citrucel, Probiotics, Amitiza, Fiorinal, Meclizine, Bentyl, Mycelex troches, Theramine, Trepadone, and PrevPak. A review of symptoms noted headaches, blurred vision, tinnitus, sore throat, difficulty swallowing, dry mouth, teeth grinding, and TMJ dysfunction. Also noted were sleep apnea, high blood pressure, sexual dysfunction, urinary incontinence, depression, stress, and anxiety. She reported severe difficulty with activities of daily living. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal cap, 3 times daily, Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, (2) Barbiturate-containing analgesic agents (BCAs) Page(s): 6, 23.

Decision rationale: The claimant sustained a work-related injury in May 2011 and continues to be treated for radiating neck and low back pain. She has stomach pain with recurrent nausea, insomnia, headaches, constipation, visual changes, and tinnitus. When seen, there was an antalgic gait with a cane. There was decreased cervical and right shoulder and hip range of motion with tenderness. There was right knee tenderness. There was normal equilibrium. Multiple medications were prescribed, including Norco, Valium, Flexeril, Zantac, diphenhydramine, and Elavil. In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fiorinol are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fiorinol is not medically necessary.