

Case Number:	CM15-0171327		
Date Assigned:	09/11/2015	Date of Injury:	10/17/2011
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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 35 year old male, who sustained an industrial injury on October 17, 2011. The injured worker was diagnosed as having status post right shoulder rotator cuff repair, cervicgia, cervical degenerative disc disease, right shoulder labral tear, right shoulder impingement syndrome, intermittent bilateral upper extremity radiculopathy, migraine headaches, and chronic pain syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, medication regimen, duplex sonogram of the left lower extremity, laboratory studies, physical therapy, above noted procedure, and epidural steroid injections. In a progress note dated July 07, 2015 the treating physician reports complaints of persistent pain to the neck with the left greater than the right that radiates to the left trapezius and the top of the left shoulder. On July 07, 2015 the treating physician also noted that the injured worker had "recurring, severe migraines". As of July 07, 2015 the injured worker's medication regimen included Fiorinal, Oxycodone, and Dilaudid and on this date the injured worker's pain level was rated a 4 to 8 out of 10 on a visual analog scale along with noting that the injured worker was able to perform activities of daily living independently with the use of the medications Oxycodone and Dilaudid. The progress note from July 07, 2015 did not indicate if the injured worker had any functional improvement with the use of the medication Fiorinal. The medical records included that the injured worker was on the medication Fiorinal since at least December 05, 2013, the medication of Oxycodone since at least January of 2015, and Dilaudid since at least February of 2015. On July 07, 2015 the treating physician noted magnetic resonance imaging scan of the cervical spine performed on August 11, 2014 that the

physician noted to be revealing for cervical degenerative disc disease at cervical four to five, cervical five to six, and cervical seven. On July 30, 2015, the treating physician requested a refill of Fiorinal 50-325-40mg noting current use of this medication as noted above. On August 06, 2015, the Utilization Review denied the request for Fiorinal 50-325-40mg one capsule as needed with a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill of Fiorinal 50/325/40 mg 1 Cap PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Fioricet contains barbiturates, Aspirin and Caffeine. Fioricet is indicated for headaches and migraines. According to the guidelines, barbiturates containing compounds 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. The claimant had been on Fioricet for several months in combination with opioids, Benzodiazepines and muscle relaxants, which would pronounce the addiction and side effect potential. Continued and long term use is not indicated and not medically necessary.