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| Case Number: | CM15-0178744 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 12/21/2011 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: Physical Medicine & Rehabilitation

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 59 year old male with an industrial injury dated 12-21-2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, cervical sprain and strain, lumbar sprain and strain, headaches, anxiety, depression, gastroesophageal reflux disease and history of anemia. Medical records (04-13-2015 to 08-03-2015) indicate ongoing neck pain, low back pain, bilateral knee pain and ongoing moderate occipital headaches. The injured worker rated pain 8 out of 10 with medications and a 9-10 out of 10 on average without medications. The injured worker reported that pain was unchanged since last visit. The injured worker also reported ongoing activities of daily living limitations in self-care and hygiene, activity, ambulation, hand function, and sleep due to pain over the past month rated a 7-9 out of 10. Treatment has included MRI of the lumbar spine on 1-9-2012, X-ray of the lumbar spine on 1-4-2012, X-ray of thoracic on 1-4-2012, X-ray of chest on 1-4-2012, X-ray of the cervical spine on 1-4-2012, transforaminal epidural steroid injection (ESI) on right L1-4 on 1-09-2015, opioid pain medication, and periodic follow up visits. Objective findings (8-03-2015) revealed moderate to severe distress, slow moving gait, tenderness in the cervical spine and lumbar spine with spasm and decrease range of motion due to pain. The treatment plan included home exercise program, follow up visit and medication management. The treating physician prescribed Fiorinal 50-325 40mg #30. Medical records indicate that the injured worker has been prescribed Fiorinal since at least 05-11-2015. The original utilization review determination (08-17-2015) denied the request for Fiorinal 50-325 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal 50-325 40mg #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: Based on the 8/3/15 progress report provided by the treating physician, this patient presents with constant neck pain with bilateral occipital/temporal/frontal headaches, constant low back pain radiating down bilateral lower extremities with constant numbness/tingling to level of hips/thighs/knees/calves/feet/toes, and lower extremity pain bilateral in the knees, with overall pain rated 8/10 with medications and 9-10/10 without medications. The treater has asked for Fiorinal 50-325 40mg #30 on 8/3/15. The patient's diagnoses per request for authorization dated 8/11/15 are cervical strain, lumbar strain, and GERD. The patient is s/p epidural steroid injection at right L1-4 from 1/9/15 with minimal improvement per 8/3/15 report. The patient complains of some fecal incontinence per 8/3/15 report. The patient states that her recently worsening pain is improved with bed rest per 7/6/15 report. The patient's work status is "currently not working" per 8/3/15 report. MTUS Guidelines, Barbiturate-containing analgesics (BCA's) section, page 23 states: "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." The patient has been prescribed Fiorinal since at least 5/11/15 and in reports dated 6/8/15 and 8/3/15. There are general statements of medication efficacy; however, MTUS does not support Barbiturate-containing analgesic agents for chronic pain due to high abuse-risk potential, dependence risk, and a risk of rebound headaches following administration. Therefore, the request is not medically necessary.