

Case Number:	CM15-0070439		
Date Assigned:	04/20/2015	Date of Injury:	07/14/2012
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 75 year old female, who sustained an industrial injury on 7/14/2012. She reported injury after a slip and fall where she had hit her head. The injured worker was diagnosed as having chronic pain syndrome, opioid dependence, right sided headaches, cervical spondylosis, thoracolumbar spondylosis, intercostal neuralgia, myofascial pain, and sleep dysfunction. Treatment to date has included medications, tai chi, and yoga. The request is for Fiorinal. On 3/18/2015, she is seen for pain of the right shoulder, and right side of her head. She rated her pain as 6-7/10. The treatment plan included: discontinuation of Percocet, starting OxyContin, Fiorinal, prescription for Sertraline and Methocarbamol. Previous medications included: Percodan, and Norco. The records indicate in April 2013, she had complained of headaches and memory loss, and had been diagnosed with post-concussive brain hemorrhage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 65, 78 - 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines. Decision based on Non-MTUS Citation Drugs for Pain, Treatment Guidelines from The Medical Letter, April 1, 2013 (Issue 128) p. 31.

Decision rationale: Fiorinal is a compounded analgesic containing barbituates, aspirin, and caffeine. Barbituate containing analgesics (BCA's) 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. Aspirin is effective for most types of mild to moderate pain, but now it is mainly used in low doses as a platelet inhibitor. Unlike other NSAIDs, a single dose of aspirin irreversibly inhibits platelet function for the 8- to 10-day life of the platelet, interfering with hemostasis and prolonging bleeding time. The risk of adverse effects is high. Aspirin is not documented. Caffeine in doses of 65-200 mg may enhance the analgesic effect of acetaminophen, aspirin or ibuprofen. In this case, the Fiorinal is requested for chronic post concussive headaches. It is not indicated for chronic pain. In addition the guidelines state that Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended, the request should not be authorized and is not medically necessary.