

Case Number:	CM15-0071952		
Date Assigned:	06/09/2015	Date of Injury:	10/09/2000
Decision Date:	07/09/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/15/2015

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 50 year old male with an industrial injury dated 10/19/2000. His diagnoses included sacroilitis, post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, lumbar radiculopathy, opioid type dependence, depression, chronic pain syndrome, lumbar spondylosis and low back pain. Prior treatment included anti-inflammatories, ace wrap, physical therapy, epidural injections, pool therapy, laminectomy and medications. He was post lumbar laminectomy and fusion in 2003. Co-morbid diagnoses included chronic renal insufficiency, on home dialysis daily since 03/2012. He presents on 02/02/2015 for lower backache. He reports his back pain was worse than leg pain. He rates the pain as an average of 9/10. Physical exam of the cervical spine showed tenderness of the paravertebral muscles. Lumbar spine revealed surgical scar and stimulator in place. There was tenderness on both sides of the paravertebral muscles. Range of motion was limited. Medications included Docusate Sodium, Polyethylene Glycol, Fiorinal, Norco, Morphine and Cyclobenzaprine. The provider documents the injured worker is taking his medications as prescribed and that medications are helping. The treatment plan included medial branch block L4, L5, and S1, Fiorinal, Norco and Morphine Sulfate. The request for lumbar medial branch block, Morphine Sulfate IR and Norco were conditionally non-certified. The request for this review is one prescription of Fiorinal 325/40/50 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Fiorinal 325/40/50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fiorinal.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butalbital, page 23.

Decision rationale: Fiorinal containing Butalbital, a barbituate, is indicated for the relief of the symptom complex of tension headache. The compound consists of a fixed combination of butalbital, acetaminophen and caffeine. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Caution in this regard is required because butalbital is habit-forming and potentially abusable. Evidence based guidelines support treatment regimen upon clear documented medical necessity with demonstrated symptom complaints, clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question. Submitted reports have not identified any such illness or disease process, in this case, of complex tension headaches, severe acute flare, new injury, or change in chronic musculoligamentous pain presentation to support for this barbituate. The 1 Prescription of Fiorinal 325/40/50mg #30 is not medically necessary and appropriate.