

Case Number:	CM15-0097897		
Date Assigned:	05/29/2015	Date of Injury:	10/06/2010
Decision Date:	06/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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 41 year old female, who sustained an industrial injury on October 6, 2010. She reported feeling a pop in her left wrist with pain radiating up her left arm. There was immediate swelling of her wrist, hand, and fingers. The injured worker was diagnosed as having complex regional pain syndrome of the left upper extremity. She is status post left radial decompression without improvement in symptoms. Diagnostic studies to date have included a urine drug screen, MRIs, a nuclear medicine bone scan, and electrodiagnostic studies. Treatment to date has included cervical epidural steroid injections, stellate ganglion blocks, a left-sided occipital block, and medications including pain, anti-epilepsy, anti-anxiety, and antidepressant. On April 9, 2015, the injured worker complains of hot pain of the head, neck, bilateral shoulders, bilateral upper extremities, entire back, and bilateral mid-thighs to feet. Her pain is increased with the recent cold and rainy weather. The pain is rated 10+/10 and is decreased to 7-8/10 with medications. Associated symptoms include extreme sensitivity to touch and temperature of her extremities, for which she keeps her extremities covered. She protects her arm at all times and keeps it cover with a sweater except when it is examined. The physical exam revealed fullness between the left hand knuckles on palpation, left thumb disuse atrophy, and a fixed clenched left hand position, especially the second and third digits. There was a scar distal to the ulnar creases over the left forearm radial aspect and left forearm decreased muscle tone and bulk. The treatment plan includes Fiorinal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal capsules 50-325-40mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), BCA's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain, "Barbiturate-containing analgesic agents (BCAs)" Page(s): 80-82, 78-80, 23.

Decision rationale: The requested Fiorinal capsules 50-325-40mg #60 with 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. CA MTUS Chronic Pain Treatment Guidelines, p. 23 "Barbiturate-containing analgesic agents (BCAs)" Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important The injured worker has hot pain of the head, neck, bilateral shoulders, bilateral upper extremities, entire back, and bilateral mid-thighs to feet. Her pain is increased with the recent cold and rainy weather. The pain is rated 10+/10 and is decreased to 7-8/10 with medications. Associated symptoms include extreme sensitivity to touch and temperature of her extremities, for which she keeps her extremities covered. She protects her arm at all times and keeps it cover with a sweater except when it is examined. The physical exam revealed fullness between the left hand knuckles on palpation, left thumb disuse atrophy, and a fixed clenched left hand position, especially the second and third digits. There was a scar distal to the ulnar creases over the left forearm radial aspect and left forearm decreased muscle tone and bulk. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening; nor medical necessity specifically for a barbiturate-containing medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, Fiorinal capsules 50-325-40mg #60 with 3 refills is not medically necessary.