

Case Number:	CM13-0014644		
Date Assigned:	10/07/2013	Date of Injury:	04/27/2007
Decision Date:	02/18/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 44 year old female who sustained a work related injury on 04/27/2007. The mechanism of injury was not provided. Her diagnoses include neck pain, low back pain, right shoulder pain, right elbow sprain/strain, right ulnar neuritis, right bicipital tendonitis, and bilateral carpal tunnel syndrome. She has undergone surgical procedures including a cervical disectomy and fusion, disc arthroplasty at C4-5 and C5-6, and a right carpal tunnel release. On exam she has right shoulder and neck pain which radiates down the right upper extremity to the hand, and low back pain which radiates to both lower extremities, right greater than left. MRI of the LS spine demonstrates degenerative disc disease at L4-5 with moderate canal stenosis and disc bulging, canal stenosis at L3-L4 with disc bulging and facet arthropathy. The treating provider has requested medical therapy with Butal-Acet-Caff-50-325mg and Aprazolam 0.5mg # 30. Also a psychiatric re-evaluation and an epidural steroid injection at L4-5 have been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

40 Butal-Acet-Caff 50 325/40mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The Physician Reviewer's decision rationale: Fiorcet is a barbiturate-containing analgesic used in the treatment of migraine and tension headaches. Per California MTUS 2009, 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. It is not considered a medication for the treatment of chronic pain. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

30 Alprazolam 0.5mg: 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), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The medical documentation indicates the claimant has used Alprazolam for longer than the recommended four weeks. There has been no reported response to this medication. Medical necessity for the requested medication, Xanax has not been established. The requested treatment is not medically necessary.