

Case Number:	CM13-0054930		
Date Assigned:	12/30/2013	Date of Injury:	01/15/1997
Decision Date:	03/26/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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:

This patient sustained a work-related injury on January 15, 1997. She subsequently developed chronic neck pain, low back pain and headaches. The patient was treated and was dependent on chronic narcotic therapy. The patient was weaned from medications through a chronic pain/functional restoration program. The urine drug screen on July 5, 2013 was positive for narcotics. Her echo diagnostic testing dated on July 17, 2013 was significant for right carpal tunnel syndrome and negative for radiculopathy. According to note dated October 15, 2013 the patient developed multiple infections. She was complaining of back pain radiating to the left leg and to the buttock bilaterally and also reported chronic neck pain. The pain was rated 9/10 with pain medications and 10 over 10 without pain medications. The provider requested authorization for the medication mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 4-325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Fioricet is a Barbiturate-containing analgesic agent (BCAs). According to MTUS guidelines, 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 enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). Therefore, the prescription of Fioricet 40-325 mg #30 is not medically necessary.

Ambien CR #30: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists - (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>))

Decision rationale: The Physician Reviewer's decision rationale: "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien® and Ambien® CR), zaleplon (Sonata®), and eszopicolone (Lunesta®). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency".

Cidaflex #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: According to MTUS guidelines, CIDAFLEX (Glucosamine) is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insuffisance evidence to support the efficacy of glucosamine other that osteoarthritis. Therefore, the request of Cidaflex #90 is not medically necessary.