

Case Number:	CM13-0069396		
Date Assigned:	01/03/2014	Date of Injury:	11/30/2011
Decision Date:	04/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California and Oklahoma. 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/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 patient is a 65 year old male who was injured on 11/30/2011. The patient was involved in an altercation between an inmate and prison staff. As he attempted to subdue the inmate, he struck his head on the cement floor and sustained multiple musculoskeletal injuries. Treatment history included chiropractic therapy, TENS unit, medications and acupuncture therapy. On 08/08/2013 the medications list included: Fioricet, Ativan, Enalapril, Hydrochlorothiazide, Zantac, Zolof, Norco, Ambien, and Multivitamin. On 12/24/2013 medications list included: Ativan, Enalapril Maleate, Hydrochlorothiazide, and Wellbutrin. Diagnostic studies reviewed include MRI of the cervical spine without contrast performed on 07/18/2012 that revealed: - Broad-based posterior herniation of C3-C4, C5-C6, and C6-C7 discs; causing mild narrowing of the central canal and neural foramina, bilaterally. The herniations measure approximately 5 mm in size. - Diffuse bulge of C4-C5 and C7-T1 discs, causing mild narrowing of the central canal and neural foramina, bilaterally. The bulges measure approximately 3 mm in size. - Mild diffuse bulge of C2-C3 disc without any significant central canal or neural foraminal narrowing; the bulge measures approximately 2 mm in size. - Mild generalized facet and uncovertebral arthropathy. - Mild vertebral offsets at multiple levels. A Comprehensive Orthopedic Evaluation note dated 11/06/2013 documented the patient to have presented with complaints of cervical spine pain at a level of 4-5/10, with shooting sensations caused by sudden movements. There was also stiffness and achiness. He stated he was using a TENS unit to help him along with a cervical spine pillow. He stated that both of those were effective, but that he never really dropped below the 4-5/10. He stated the right elbow was at a 3/10, it was intermittent and achy; headache was occipital and temporal at 4/10. He stated he was having the headaches almost daily and that his memory lapses were becoming more frequent. Objective findings on exam revealed cervical spine range of motion to be limited. His flexion was 40/50 degrees; extension was 30/60; right and left rotation

is both about 40/80 degrees; all ranges of motion were with pain. The right elbow range of motion extension was 0/0 degrees and flexion was 140/140 degrees; all motions were with pain. The patient was diagnosed with: Cervical spine radiculopathy; Right elbow pain; Right wrist sprain/strain; Left hip sprain/strain; Right hand sprain/strain; Lumbar spine sciatic syndrome; Major depression; and Anxiety, positive per the psyche AME. The treatment and plan for this patient is Fioricet #60 and Lorazepam 0.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET #60 WITH TWO REFILLS: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that barbiturate containing analgesics are not recommended for chronic pain. There is no current available documentation to establish the medical necessity for this medication. Therefore, Fioricet is not medically necessary or appropriate.

LORAZEPAM 0.5MG WITH #60 TWO REFILLS: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines details the use of benzodiazepines as: not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. There is no current available documentation to establish the medical necessity for this medication. Therefore, Lorazepam is not medically necessary or appropriate.