

Case Number:	CM14-0000505		
Date Assigned:	01/10/2014	Date of Injury:	07/26/2008
Decision Date:	09/29/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas 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 injured worker is a 30-year-old female who reported an injury on 07/26/2008. The mechanism of injury was not provided for clinical review. The diagnoses included PTSD with anxiety, depression, insomnia, tension headaches, lumbosacral strain, stress induced alopecia, neck/trapezius muscle strain. Previous treatments included medication. Within the clinical note dated 10/23/2013, it was reported the injured worker complained of neck, back, and trapezius muscles are sore/stiff. Upon the physical examination, the provider noted the injured worker had no murmurs, gallops or rubs. The provider noted the injured worker's mentation is grossly normal. The provider requested Acyclovir as directed for nonindustrial, Fioricet for tension headaches, Lorazepam for anxiety, and Biotin. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACYCLOVIR 400MG #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institute of Health.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, Medline Plus, Acyclovir, onlinedatabase, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681045.html>.

Decision rationale: The request for Acyclovir 400MG #12 is not medically necessary. Medline Plus states that Acyclovir is used to decrease pain and speed the healing of sores or blisters in people who have varicella, herpes zoster, and first time or repeat outbreaks of genital herpes. Acyclovir is also sometimes used to prevent outbreaks of genital herpes in people who are infected with the virus. Acyclovir is in a class of antiviral medication called synthetic nucleoside analogues. There is lack of documentation indicating the injured worker was treated for varicella, shingles, or genital herpes. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

FIORICET #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agents (BCA's).

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

Decision rationale: The request for Fioricet #30 with 3 refills is not medically necessary. The California MTUS Guidelines do not recommend Fioricet for chronic pain. The guidelines note Fioricet has a high drug dependence rate and there are no clinical studies to show their analgesic efficacy. There is risk of overuse and rebound headaches. The request submitted failed to provide the frequency of the medication. Additionally, the guidelines do not recommend the use of Fioricet. Therefore, the request is not medically necessary.

LORAZEPAM 0.5MG #60: Upheld

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

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

Decision rationale: The request for Lorazepam 0.5MG #60 is not medically necessary. The California MTUS Guidelines do not recommend Lorazepam for long term use because the long term efficacy is unproven and there is risk of dependence. The guidelines recommend the limited use of Lorazepam to 4 weeks. The injured worker has been utilizing the medication since at least 10/2013 which exceeds the guidelines recommendation of short term use. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

BIOTIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, Medline Plus, Biotin, Onlinedatabase, <http://www.nlm.nih.gov/medlineplus/druginfo/natural/313.html>.

Decision rationale: The request for Biotin is not medically necessary. Medline Plus notes that Biotin is used for preventing and treating biotin deficiency associated with pregnancy, long term tube feeding, malnutrition, and rapid weight loss. It is also used orally for hair loss, brittle nails, skin rash in infants, diabetes and mild depression. The request submitted failed to provide the frequency and quantity of the medication. The request submitted failed to provide the dosage of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.