

Case Number:	CM14-0109642		
Date Assigned:	08/01/2014	Date of Injury:	12/17/2009
Decision Date:	10/20/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 41 year old employee with date of injury of 12/17/2009. Medical records indicate the patient is undergoing treatment for degenerative thoracic/thoracolumbar intervertebral disc; displacement cervical intervertebral disc without myelopathy and pain in thoracic spine. He is status post (s/p) shoulder arthroscopy and C4-5 Pros Disc Replacement (3/2010); right shoulder surgery (1/2005); left thumb reconstruction (10/1997) and T6-8 fusion (2.2011). Subjective complaints include neck pain, shoulder pain, thoracic pain and low back pain. He complains of right hand numbness and right lower extremity sensory loss. He says activity makes his pain worse and rest, medicine, heat and ice will make it better. Objective findings include limited range of motion (ROM) to about 60% of normal, mild paresthesia to his hand, significant tenderness to palpation and percussion at mild thoracic spine with significant limitation range of motion of the lumbar spine with paresthesia and diminished sensation at L4, L5 and S1 bilaterally. Reflexes are 1+ and patella and Achilles. Toes are downgoing and there is no clonus. He ambulates with a single point cane. Treatments have consisted of Percocet, Lorazepam, Cymbalta, Fioricet, Lyrica, Doc-q-lace, Cymbalta, Naproxen, Percocet, Advil and Benadryl and participate in a home exercise program. As of 2/2014 there was no chiropractic care, OT, PT or acupuncture in place. The utilization review determination was rendered on 7/8/2014 recommending non-certification of Fioricet 1 po q8h prn qty # 90 and Lorazepam 0.5mg 1 po tid prn qty #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 1 po q8h prn qty # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Agents (BCAs); Fioricet.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 47, 57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<https://online.epocrates.com/noFrame/showPage?method=drugs&MonographId=745>

Decision rationale: Fioricet is classified as a Barbiturate-containing analgesic agent (BCA) by MTUS. MTUS states "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)". According to Epocrates, Fioricet is prescribed for the treatment of tension headaches. The treating physician has provided to documentation of a diagnosis of tension headaches and no medical justification to exceed MTUS guidelines. As such the request for Fioricet 1 po q8h prn qty # 90 is not medically necessary.

Lorazepam 0.5mg 1 po tid prn qty #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines

Decision rationale: MTUS and ODG states that benzodiazepine (i.e. Lorazepam) is "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." ODG further states regarding Lorazepam "Not recommended". Medical records indicate that the patient has been on Lorazepam for months, far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for 1 Prescription of Lorazepam 0.5mg 1 po tid prn qty #90 is not medically necessary.