

Case Number:	CM14-0169131		
Date Assigned:	10/17/2014	Date of Injury:	02/25/2010
Decision Date:	11/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 55 year-old with a date of injury of 02/25/10. A progress report associated with the request for services, dated 09/18/14, identified subjective complaints of anxiety and depression. Objective findings were noted to be on an attached progress note that was not included. Diagnoses (paraphrased) on previous note of 07/14/14 included depression with anxiety; a cognitive disorder; and psychological factors causing or organic symptoms. A Utilization Review determination was rendered on 10/06/14 recommending non-certification of "Fioricet #90 TID refills #3; Temazepam 15mg qhs #60 refills #3".

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet #90 TID refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

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. The California Medical Treatment Utilization Schedule (MTUS) states that these agents are not recommended for chronic pain. It further states: "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 risk of medication overuse as well as rebound headache (Friedman, 1987). "Therefore, the record does not document the medical necessity for Fioricet.

Temazepam 15mg qhs #60 refills 3: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment; and Mental Illness & Stress, Insomnia Treatment

Decision rationale: Restoril (temazepam) is a benzodiazepine used for insomnia. The Medical Treatment Utilization Schedule (MTUS) does not specifically address temazepam. The Official Disability Guidelines (ODG) states that treatment of insomnia should be through correction of underlying deficits. They further state that benzodiazepines are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. The Medical Treatment Utilization Schedule (MTUS) also state that benzodiazepines are 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. They further note that that they are the treatment of choice in very few conditions. Therefore, the record lacks documentation for the medical necessity of Restoril (temazepam).