

<b>Case Number:</b>	CM14-0038348		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/13/2004
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational 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 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 applicant has filed a claim for chronic neck, shoulder, mid back, low back, and knee pain reportedly associated with an industrial injury of February 13, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; prior shoulder surgery; prior knee surgery; and extensive periods of time off of work. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for Flurbitac, midazolam-melatonin, and Butalbital. The applicant's attorney subsequently appealed. In a March 8, 2014 medical-legal evaluation, the applicant was described as having a history of earlier left knee surgery, history of earlier right shoulder surgery, and ongoing issues with anxiety, depression, and headache. The applicant was described as off of work. Permanent work restrictions were imposed. There was no mention of active issues with reflux, heartburn, or dyspepsia present on this date. In a clinical progress note of March 3, 2014, the applicant was placed off of work, on total temporary disability. The applicant was using Norco, Flexeril, Ultram, and Prilosec, all of which she indicated were helping very little. The applicant's pain was noted at 8/10 with medications. A variety of medications were issued, including Norco, Motrin, Prilosec, Ambien, Flurbitac, midazolam-melatonin, tramadol, and Butalbital. It was stated that Butalbital was intended to treat tension headaches. Flurbitac was apparently being employed for chronic pain purposes. It was acknowledged that midazolam was a benzodiazepine anxiolytic. The attending provider also sought authorization for medical transportation and housekeeping for the applicant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbitac 100/100 mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** The request for Flurbitac, an amalgam of flurbiprofen, an NSAID, and ranitidine, an H2 antagonist, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors and/or H2 antagonist such as ranitidine in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, made on any recent progress note. As further noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, a non-selective NSAID such as Naprosyn or Motrin would be preferable in this context. Accordingly, the ranitidine component of Flurbitac compound is not indicated here. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended. Therefore, the request is not medically necessary.

**Midaxolam/Melatonin 10/3 # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The request for midazolam-melatonin is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402 do support limited usage of benzodiazepines such as midazolam in cases of overwhelming symptoms so as to afford an applicant with an ability to recoup emotional and physical resources, in this case, however, the attending provider has indicated that he intends the applicant to use the midazolam-melatonin compound on a long-term, scheduled, and nightly-use basis, for insomnia. This is not an appropriate indication for benzodiazepine anxiolytics, per ACOEM. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is not recommended. Therefore, the request is not medically necessary.

**Apap/but/caffeine # 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.

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

**Decision rationale:** The request for acetaminophen-butalbital-caffeine is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as the acetaminophen-butalbital-caffeine agent being proposed here are "not recommended" in the chronic pain context present here. In this case, the attending provider has not proffered any compelling applicant specific narrative rationale or medical evidence, which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.