

Case Number:	CM14-0041440		
Date Assigned:	07/02/2014	Date of Injury:	10/25/2011
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the records available for review, the patient is a 56-year-old female with a date of injury dated October 25, 2011. The patient apparently fell off the chair at work and sustained injuries to her upper mid and low back as well as left arm and head. The patient carries the following diagnoses; lumbar strain, bilateral shoulder strain, cervical strain, scalp contusion and post-traumatic headache. The patient is currently being treated with multimodal medication regimen consisting of buspirone, fioricet, estazolam and alprazolam for symptoms of anxiety, headache and sleep disturbance. A request for buspirone, fioricet, estazolam and alprazolam was requested and denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Buspirone 10 mg #120 (DOS 11/5/13, 12/5/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: According to the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Buspirone is approved for short-term relief and of anxiety symptoms. Based on the documents available for review, the patient does have short-term anxiety as a result of her disability and the nature of her injury. Buspirone, however, is approved for three times per day dosing, not four times per day as the request is written. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Retrospective review of Fiorocet (butal/APAP/caffeine 325/40/5mg) #120 (DOS 11/5/13, 12/5/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Barbiturate Containing Analgesic Agents.

Decision rationale: The MTUS does not specifically comment on barbiturate containing analgesic agents such as Fiorocet, therefore the Official Disability Guidelines were consulted. According to the ODG Guidelines barbiturate containing analgesic agents such as Fiorocet is 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) Fioricet is commonly used for acute headache, with some data to support it, but there is risks of medication overuse as well as rebound headache. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Retrospective review of Estazolam 2mg #30 (DOS 11/05/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia, Pain, (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines, Pain (Chronic), Benzodiazepines.

Decision rationale: According to the Official Disability Guidelines, Estazolam is not recommended. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. (Baillargeon, 2003) (Ashton, 2005) (Dickinson, 2009) (Lader, 2009) Adults who use hypnotics, including benzodiazepines such as Temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Retrospective review of Alprazolam 0.5mg #60 (DOS 12/05/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

Decision rationale: According to the Official Disability Guidelines, Alprazolam is not recommended for long term use. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. (Baillargeon, 2003) (Ashton, 2005) (Dickinson, 2009) (Lader, 2009) Adults who use hypnotics, including benzodiazepines such as Temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.