MAXIMUS Federal Services

Case Number:	CM14-0060574		
Date Assigned:	07/09/2014	Date of Injury:	02/09/1998
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/01/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 2/9/98. A utilization review determination dated 4/11/14 recommends non-certification of Fioricet. Temezepam was modified from #60 to #30. 4/2/14 medical report identifies pain in the neck, low back, bilateral shoulder, and right lower extremity, and increasing non-migraine headaches. Butalbital is not providing pain relief. He was taking 4-6 per day, and the main concern is medication-induced headaches by overuse. He is also having more neck, low back, and right shoulder pain. Oxycodone was increased slightly to up to 6 per day. Pain was 5/10 with medications and 8/10 without. Sleep with medications was 5/10 and without 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50-325-40 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 23.

Decision rationale: Regarding the request for Fioricet, California MTUS notes that barbiturate-containing analgesic agents (BCAs) are 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. There is a risk of medication overuse as well as rebound headache. Within the documentation available for review, it is noted that the patient's headaches are not responding to the Fioricet and there is no rationale presented for continuation of the medication despite the CA MTUS recommendation against long-term use. In the absence of such documentation, the currently requested Fioricet is not medically necessary.

Temazepam 30 mg #60: 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/Benzodiazepines.

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

Decision rationale: Regarding the request for temazepam, California MTUS does not specifically address the use of benzodiazepines for insomnia. ODG notes that they are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. Within the documentation available for review, there is no indication of significant efficacy in the management of insomnia and a clear rationale for long-term use despite the recommendations of ODG. In the absence of such documentation, the currently requested temazepam is not medically necessary.