

Case Number:	CM14-0090531		
Date Assigned:	08/08/2014	Date of Injury:	08/24/2004
Decision Date:	09/11/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 Psychiatry, 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:

Injured worker is a 53 year old female with date of injury 8/24/2004. Date of the UR decision was 5/29/2014. Report dated 5/22/2014 indicated that she complained of pain in almost all of her entire body parts dorsolumbosacro coccyx, right and left upper and lower extremities. Psychiatric review of systems was positive for depression. Psychiatric progress report dated 2/17/2014 suggested that she was prescribed Ambien 10 mg #30, Seroquel 25mg #30, Fioricet #60 twice daily, Omeprazole 20mg #60 twice daily, Norco 10/325 #60 twice daily, Buspar 10mg #60 twice daily and Bupropion 100 mg #60 twice daily. Report indicated she had endured serious pain problems involving the shoulder, fractured coccyx and low back conditions for which she required Norco to control her pain to prevent destabilization of her emotional condition. It was also stated that because of the continuing symptoms, she was prescribed the Ambien for sleep, the Buspar for anxiety and the Bupropion for depression. In addition, it was stated that she had peptic acid reactions interfering with her psychological treatment by causing increased emotional complications. Therefore, she has been provided with Omeprazole. The provider also stated that her stress intensified headache requiring the Fioricet and to affect continued emotional control, she has required Seroquel. The provider is Board Certified in Psychiatry. It is suggested that the injured worker has been receiving Norco and Fioricet prescriptions from treating Psychiatrist and is receiving pain medications from another physician Board Certified in Orthopedics. The urine sample from 11/21/1013 was positive for Hydrocodone-Dihydrocodeinone, Hydromorphone-Dihydromorphlnon, and Acetaminophen Screen and negative for evidence of illicit substances or for use of unauthorized meds and is consistent with the patient's pain medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30 with 2 refills: 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 Chapter.

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

Decision rationale: MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between Benzodiazepines and the Non-Benzodiazepine sedative-hypnotics have not been studied, it appears that the Non-Benzodiazepines have similar efficacy to the Benzodiazepines with fewer side effects and short duration of action. Zolpidem (Ambien) (generic available), Ambien CR, Edluar, Intermezzo is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for a 3 month supply i.e. Ambien 10 mg #30 with 2 refills is excessive and thus is not medically necessary.

Norco 10/325 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

Decision rationale: The injured worker has been getting prescriptions of Norco from the Psychiatrist; however she does continue to see an Orthopedic Specialist as well for pain. Norco is a narcotic pain medication and it can be better monitored by a physician who has expertise in pain management. It is not advisable for an injured worker to receive pain medications from two different physicians. The request for continuation of Norco 10/325 mg #60 with 2 refills is not medically necessary. The Psychiatrist has noted in report dated 2/17/2014 that the injured worker has serious pain problems involving the shoulder, fractured coccyx and low back conditions for which she required Norco to control her pain to prevent destabilization of her emotional condition. The ongoing treatment with pain medications is not considered as best practice for a physician not board certified in that realm of medicine.

Fioricet #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 23. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fiorinal.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Fioricet.

Decision rationale: CA MTUS stated 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. The FDA states that Fioricet is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. Evidence supporting the efficacy and safety of Fiorinol in the treatment of multiple recurrent headaches is unavailable. Caution in this regard is required because butalbital is habit-forming and potentially abusable. The request for Fioricet #60 with 2 refills is not medically necessary.