

<b>Case Number:</b>	CM14-0191540		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/09/1995
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Family Medicine and is licensed to practice in California and Texas. 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 54 year old male patient who sustained an injury on 11/9/1995. The current diagnosis includes lumbar post laminectomy syndrome, lumbar disc displacement without myelopathy and unspecified major depression. Per the doctor's note dated 10/6/14, he had complaints of chronic low back pain, depression, sleep disturbances and headache. The physical examination revealed antalgic gait and normal muscle tone in bilateral lower extremity. The medications list includes viagra, cymbalta, fiorcet, ambien, baclofen, ketamine cream, morphine and lovastatin. He has had lumbar magnetic resonance imaging (MRI) dated 6/19/2008 which revealed degenerative change and spondylosis of the lumbar spine, postoperative imaging artifact in the lower lumbar spine, L4-5 mild bilateral foraminal narrowing, L5-S1 broad-based disc protrusion with effacement of the anterior epidural space and mild abutment of the anterior thecal sac, obscuration of the foramina; probably moderate right and mild left foraminal narrowing; lumbar MRI dated 7/20/12 which revealed at L3-4 moderate bilateral facet arthrosis and ligamentous hypertrophy and at L5-S1 severe loss of disc height and moderate end plate spondylosis a posterior ossification but no disc herniation, moderate bilateral intervertebral neural foraminal narrowing, mild paraspinal muscular atrophy and stable appearing post-surgical changes at L4-S and L5-S1. He had undergone left inguinal hernia repair in 1997 and lumbar fusion L4-S1 in 2002. He has had physical therapy visits, aquatic therapy visits, cognitive behavior therapy and lumbar epidural steroid injection for this injury. He has had urine drug screen on 6/10/14 which was positive for opiates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Florcet-Butalbital/APAP/ Caffeine #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Fioricet (Florcet) contains a combination of acetaminophen, butalbital and caffeine. Butalbital is in a group of drugs called barbiturates. According to MTUS guidelines, page 23, barbiturates 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." Per the submitted medical records, patient had complaints of chronic low back pain and headache. Barbiturates are not recommended by MTUS for chronic pain. The medical necessity of Fiorcet- Butalbital/APAP/ Caffeine #60 is not established for this patient.

**Ambien Cr 12.5mg #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 (ODG), Pain Chapter, Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 12/31/14) Zolpidem (Ambien®)

**Decision rationale:** Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. California MTUS does not specifically address this request. Per Official Disability Guidelines (ODG) guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien Cr 12.5mg #30 is not fully established for this patient at this time.