

<b>Case Number:</b>	CM14-0193666		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	02/27/2004
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Practice 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 59 years old male patient who sustained an injury on 2/27/2004. He sustained the injury when his knife slipped and lacerated his fingers while cutting potatoes. The current diagnoses include cervical sprain with post-traumatic discogenic disease C6-7, lumbar spine sprain with significant post-traumatic arthropathy of the L5-S1 facet, discogenic disease at L5-S1, status post amputation left middle finger, left trigger finger, tenosynovitis, depression/ anxiety, insomnia and chronic pain syndrome. Per the doctor's note dated 12/11/14, he had complaints of cervical pain with radiation to bilateral hands with paresthesia, lumbar pain with radiation to bilateral legs with paresthesia. Per the doctor's note dated 11/19/14 the physical examination revealed cervical spine- tenderness, limited range of motion and negative Spurling test. The medications list includes Xanax, Cymbalta, Nortriptyline and Fioricet. He has had a cervical MRI dated 5/18/2009 which revealed 1-2 mm broad based posterior disc bulges indenting the anterior cord at C5-6, which along with congenital short pedicles causes mild to moderate spinal stenosis, no neural foraminal narrowing, a combination of broad based posterior spurs and 2-3 mm broad based posterior disc bulging at C6-7, which along with congenital short pedicles causes mild to moderate spinal stenosis, moderate left neural foraminal narrowing, at C4-5, a small broad based posterior spur causing mild to moderate right neural foraminal narrowing; lumbar MRI dated 5/18/2009 which revealed at LS-S1, mild bilateral facet degenerative changes with 3 mm broad based posterior disc bulge without spinal stenosis or neural foraminal narrowing. He had undergone left hand finger amputation. He has had physical therapy visits, cognitive behavior therapy visits and biofeedback sessions for this injury. Per the note dated 12/11/14, receipt of notice from the [REDACTED]

[REDACTED] had noted that since Dec. 2013, the patient has been taking, or at least obtaining, excessive, duplicative medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax .5mg #15 with 2 refills #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 Benzodiazepines Page(s): 24.

**Decision rationale:** Xanax contains Alprazolam which is a Benzodiazepine, an anti-anxiety drug. According to the MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Any trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of Benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. The medical necessity of Xanax .5mg #15 with 2 refills #60 is not established for this patient.

**Fioricet #60 with 2 Refills:** 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 (Fiorcet) contains a combination of acetaminophen, butalbital and caffeine. Butalbital is in a group of drugs called barbiturates. According to the 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 neck and lumbar pain. Barbiturates are not recommended by the MTUS for chronic pain. The medical necessity of Fiorcet-Butalbital/APAP/ Caffeine #60 is not established for this patient.