

Case Number:	CM14-0195524		
Date Assigned:	12/02/2014	Date of Injury:	09/22/2003
Decision Date:	01/20/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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 67 year old male patient who sustained a work related injury on 9/22/2003. Patient sustained the injury due to cumulative trauma. The current diagnoses include status post anterior lumbar inter body fusion, L3-4, with residual and chronic low back pain, Left shoulder impingement syndrome, rotator cuff tendinopathy and bicipital tendinitis. Per the doctor's note dated 10/13/14, patient has complaints of depression and anxiety. Per the doctor's note dated 11/06/14 patient had complaints of low back pain, left shoulder pain. Physical examination revealed tenderness in the lower lumbar paravertebral musculature, forward flexion 45 degrees, extension 10 degrees, lateral bending 30 degrees and sitting straight leg raise examination is negative bilaterally. The current medication lists include Norco and Zantac. The patient has had shoulder surgery and lumbar surgery. The patient's surgical histories include anterior lumbar inter body fusion, L3-4; postoperative epididymitis and urinary retention. The patient has received an unspecified number of the physical therapy (PT) visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Estazolam 2mg #30 refill 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Estazolam is a benzodiazepine, an anti-anxiety drug. According to 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 actions 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." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Estazolam 2mg #30 refill 2 is not fully established in this patient.

Fioricet # 60 refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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), Barbiturate-Containing Analgesic Agents (BCAs).

Decision rationale: Fioricet contains a combination of acetaminophen, Bupropion, and caffeine. Bupropion is a barbiturate with an intermediate duration of action. Bupropion is often combined with other medications, such as Acetaminophen (Paracetamol) or Aspirin, and is commonly prescribed for the treatment of pain and headache. As per cited guideline, "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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)." The Barbiturate-containing analgesic agents are not recommended as per the cited guidelines. He is already on other medications for pain including Norco. The response to these medications is not specified in the records provided. The rationale for adding Fioricet is not specified in the records provided. The medical necessity of the request for Fioricet # 60 refill: 2 are not fully established in this patient. Therefore, the medication is not considered medically necessary.