

Case Number:	CM14-0196204		
Date Assigned:	12/04/2014	Date of Injury:	11/19/1982
Decision Date:	01/26/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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:

The injured worker is a 55-year-old man with a date of injury of November 19, 1982. The mechanism of injury is not documented in the medical record. The injured worker's current diagnoses are failed lumbar back surgery syndrome with chronic intractable lumbar backache; chronic cervicgia; radicular pain in the extremities; recurrent myofascial strain and neuropathic pain along with reactive anxiety; depression; and recurrent headaches. Pursuant to the progress note dated October 31, 2014, the injured worker complains of bilateral low back pain that radiates to the left buttocks, right hip and both lower extremities. Pain is rated 8/10. The pain is described as constant and variable in intensity. The injured worker also complains of low back stiffness and spasms. The injured worker reports that he is having recurrent headaches. The injured worker is taking Valium 5mg for spasms/anxiety, Fiorinal for headaches, and MS Contin for pain. Documentation indicated the injured worker stopped MS Contin in the past, but was so stiff that he could not function. He failed a Suboxone transition due to side effects and returned to MS Contin in 2012 and remains on MS Contin through the present. The earliest progress note in the medical record is dated February 7, 2014, and indicates the injured worker was taking Diazepam and Fiorinal at that time. It is unclear if the medications were refills or new prescriptions. There are no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Valium, Fiorinal, and MS Contin. The current request is for Fiorinal 50mg-325mg #20, and Diazepam 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Fiorinal 50mg-325mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturates.

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

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), Fiorinal 50 mg/325 mg #20 is not medically necessary. Fiorinal is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic activity because barbiturate containing analgesic agents. In this case, the injured worker was 55 years with a diagnosis of failed lumbar back surgery syndrome, chronic intractable lumbar backache, chronic cervicgia, recurrent myofascial strain, depression and recurrent headaches. Fiorinal is a combination of barbiturate, butalbital and acetaminophen. Fiorinal is not recommended for treatment of chronic musculoskeletal pain as well as headaches. Fiorinal has a propensity for developing dependence, situation, and tolerance. Additionally, the injured worker is taking MS Contin and Valium concurrently. The documentation indicates the injured worker was taking Fiorinal as far back as February 2014. Consequently, absent the appropriate clinical indication, Fiorinal 50 mg/325 mg #20 is not medically necessary.

Diazepam 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, diazepam 5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks). Long-term efficacy is unproven as well as there is a risk of psychological and physical dependence, or frank addiction. In this case, the injured worker was 55 years with a diagnosis of failed lumbar back surgery syndrome and chronic intractable lumbar backache, chronic cervicgia, recurrent myofascial strain, depression and recurrent headaches. The earliest documentation indicates diazepam was prescribed as far back as February 7, 2014. Diazepam is indicated for short-term use (no longer than two weeks). Based on the medical records, this request exceeds the recommended guidelines. Consequently, absent the appropriate clinical indication and exceeding the recommended guidelines for use, diazepam 5 mg #60 is not medically necessary.