

Case Number:	CM15-0100636		
Date Assigned:	07/24/2015	Date of Injury:	04/12/1999
Decision Date:	09/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 04/12/1999. Current diagnoses include lumbar radicular pain-left side, pain-cervical, neuralgia, lumbago, disc disease, pain-facial/headache, and bilateral greater occipital neuralgia. Previous treatments included medications, inpatient rehabilitation, psychological evaluation, bilateral occipital nerve radiofrequency neurotomy, Intradiscal Electrothermal Annuloplasty, nerve blocks, and epidural steroid injections. Initial injuries included multiple orthopedic injuries after falling from a ladder at work. Report dated 03/27/2015 noted that the injured worker presented with complaints that included a progressive increase in neck and arm pain with associated numbness and weakness in the fingers, progressive increase in back and leg pain with tingling and numbness, frequent headaches, anxiety secondary to pain. Current medications include Lunesta, Norco, Nexium, and Fioricet. Pain level was not included. Lumbar spine/lower back examination was positive for paravertebral tenderness, tenderness over the thoracic region, paraspinal spasms, straight leg test is positive, weakness along the L4-L5 distribution, decreased sensation along the L4 and L5 distribution. Cervical spine/neck examination was positive for spurling test, decreased sensation of the C7, weakness in hand grip on the right, paraspinal muscle spasm and tenderness. The treatment plan included continuing Lunesta, Norco, Nexium, and Fioricet, request for cervical and lumbar epidural injections x2 weeks apart upon approval, psychological evaluation and management for anxiety secondary to pain upon approval, reviewed imaging and labs, and follow up in 4 weeks. Disputed treatments include alprazolam and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Alprazolam 0.5mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Alprazolam.

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

Decision rationale: Benzodiazepines like Alprazolam are not recommended for long-term use due to unproven efficacy and risk of dependence. Most guidelines limit use to 4 weeks. This patient has exceeded the guidelines and is taking the medication on a chronic basis. The medical records do not contain a rationale to support chronic use. Therefore the request is not medically necessary or appropriate.

Unknown prescription of Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

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

Decision rationale: CA MTUS Guidelines state that Fioricet is a barbiturate containing analgesic that is not recommended for chronic pain. The potential of drug dependence is high. There is a risk of medication over usage and rebound headache if it is used for acute headache. The quantity requested is unknown as is the period of usage. Therefore the request for Fioricet is not medically necessary or appropriate.