

Case Number:	CM15-0145097		
Date Assigned:	08/06/2015	Date of Injury:	03/02/2006
Decision Date:	09/28/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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

Certification(s)/Specialty: Emergency Medicine

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 68 year old male, who sustained an industrial injury on 3-2-2006. The mechanism of injury is unclear. The injured worker was diagnosed as having status post back surgery, thoracic or lumbosacral neuritis or radiculitis, chronic pain due to trauma, muscle spasm, lumbar or lumbosacral intervertebral disc degeneration, lumbosacral spondylosis without myelopathy, anxiety, elevated blood pressure reading without diagnosis of hypertension, scoliosis. Treatment to date has included medications, urine drug screening, ultrasound, CT abdomen and pelvis, lumbar spine magnetic resonance imaging, CT lumbar spine, and physical therapy. The request is for Valium and Fioricet. On 4-15-2015, he is using a walking stick for ambulation. He rated his pain as 4-7 out of 10. He reported bilateral knee pain, right wrist pain, and abdominal pain. He also reported low back pain and multiple joint pains. He indicated his current medications to adequately control his pain without side effects. He reported having difficulty performing activities of daily living. The treatment plan included: Valium, Dilaudid, Fentanyl patches, Buspar, and discontinue Limbrel. On 6-5-2015, he is seen for medication management. He indicated his medications to adequately relieve his pain. The treatment plan included: Dilaudid, Valium, Fentanyl patches, Buspar, Lyrica, and Celebrex. On 7-1-2015, he is using a walking stick. He reported feeling weak from rounds of chemotherapy. He reported his pain to be persistent and unchanged from previous examinations. The urine drug screenings have been inconsistent previously for un-prescribed medications. The treatment plan included: continuation of current medications, review and update opiate contract, ice, heat, home exercise program, Valium, Dilaudid, Fentanyl patches, Fioricet, discontinue Limbrel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diazepam (Valium); Benzodiazepines; Anxiety medications in chronic pain; Mental Illness & Stress Chapter, Benzodiazepines; PTSD pharmacotherapy; Antidepressants - SSRI's versus tricyclics (class); Insomnia treatment.

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

Decision rationale: Valium or Diazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Valium is being used for pain or anxiety. Either way, the chronic use of benzodiazepines is not recommended especially with multiple other sedating and opioid medications the patient is currently on. Documentation does not support continued use. Diazepam is not medically necessary.

Fioricet 50/300/40mg #30: 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 Chapter, Barbiturate-containing analgesic agents (BCAs).

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

Decision rationale: Fioricet contains caffeine, acetaminophen and butalbital, a barbiturate. It may be useful for acute migraine attacks. As per MTUS chronic pain guidelines, barbiturates are not recommended for chronic pain due to high risk of dependence, risk of overuse, rebound headaches and no evidence of clinical improvement. Patient has been on this medication chronically and for "tension headaches" which is not an appropriate indication. Chronic use of a barbiturate is not recommended. Fioricet is not medically necessary.