

<b>Case Number:</b>	CM15-0192869		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/15/2004
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Preventive Medicine, Occupational 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:

On 8-5-2015, the treating provider reported he had pain from the toes to the head. He reported stabbing sensation throughout his body. He had numbness and tingling in the fingers and continued to drop things. The provider reported the Tempurpedic bed was ordered to allow him to sleep more comfortably and with less pain. On exam, the cervical spine had tenderness with spasms with restricted range of motion. The provider noted he was unable to examine the lumbar spine as the injured worker was in a wheelchair and had difficulty getting up. He noted due to significant pain he was not cooperative with a full physical exam. The Fioricet was ordered for headaches. There was no medical record clinical indication for Alprazolam. Norco was also used. Soma, Fioricet and Alprazolam had been in use since at least 5-12-2015. On exam, there was no evidence of upper extremity weakness or compromise except for the numbness of the fingers. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without Fioricet and no evidence of functional improvement with the requested treatments. The Utilization Review on 9-15-2015 determined non-certification for Motorized wheelchair, Tempurpedic bed, modification for Alprazolam 0.25 mg #60 to #30 for weaning over 2 months, modification for Fioricet 325-40-50 mg #120 with 2 refills to #60 for tapering over 2 months and modification for Soma 350 mg #60 to #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motorized wheelchair:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

**Decision rationale:** According to the Blue Cross Clinical UM Guideline for Durable Medical Equipment, durable medical equipment is considered medically necessary when all of a number of criteria are met including: There is a clinical assessment and associated rationale for the requested DME in the home setting, as evaluated by a physician, licensed physical therapist, occupational therapist, or nurse. There is documentation substantiating that the DME is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease. The documentation supports that the requested DME will restore or facilitate participation in the individual's usual IADL's and life roles. The information should include the individual's diagnosis and other pertinent functional information including, but not limited to, duration of the individual's condition, clinical course (static, progressively worsening, or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. The medical record does not contain sufficient documentation or address the above criteria. The PR-2 submitted for review had no documentation of any motor deficits. The patient was able to successfully ambulate with the use of a walker. Motorized wheelchair is not medically necessary.

**Tempurpedic bed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic).

**Decision rationale:** The Official Disability Guidelines state that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Tempurpedic bed is not medically necessary.

**Alprazolam 0.25 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that 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. Alprazolam 0.25 mg #60 is not medically necessary.

**Fioricet 325-40-50 mg #120 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Barbiturate-containing analgesic agents (BCAs).

**Decision rationale:** The Official Disability Guidelines do not recommended Fioricet 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. Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuses as well as rebound headache. The medical records do not indicate that the patient's headaches are migraine in origin, or that headaches are a contributor to the occupational injury. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Fioricet 325-40-50 mg #120 with 2 refills is not medically necessary.

**Soma 350 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Soma 350 mg #60 is not medically necessary.

