MAXIMUS Federal Services

Case Number:	CM15-0208572		
Date Assigned:	10/27/2015	Date of Injury:	08/19/2002
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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:

The injured worker is a 63 year old male, who sustained an industrial injury on 08-19-2002. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for anxiety, low back pain, right shoulder pain, neck pain, chronic headaches, and cervical degenerative disc disease. Medical records (05-04-2015 to 09-25-2015) indicate ongoing right low back pain with radiating pain into the right lower extremity, and right shoulder pain. Pain levels were rated 6-9 out of 10 in severity on a visual analog scale (VAS) without medications and 2-6 out of 10 with medications. Additional complaints included anxiety, insomnia, numbness, vertigo, headaches and loss of balance. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exam, dated 09-25-2015, revealed tenderness in the right biceps tendon, positive Speed's and Empty can testing on the right, limited range of motion in the right shoulder, positive straight leg raise on the right and slight decreased strength in the right deltoids. Relevant treatments have included: right shoulder surgery (2014), physical therapy (PT), acupuncture with reported benefit, steroid injections, work restrictions, and pain medications (Xanax and Fioricet since at least 05-2015). The treating physician indicates that a CURES report showed that the IW was prescribed Valium on 07-16-2015 by a different physician. This was to be discussed with the IW on the next visit. The PR and request for authorization (09-25-2015) shows that the following medications were requested: Xanax 1mg #30 with one refill, and Fioricet (butalbital 50mg, acetaminophen 325mg and caffeine 40mg) #60. The original utilization review (10-14-2015) partially approved the request for Xanax 1mg

#30 which was modified to a one month supply for weaning, and non-certified the request for Fioricet (butalbital 50mg, acetaminophen 325mg and caffeine 40mg) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Benzodiazepines, Mental Illness & Stress Chapter, Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/BenzodiazepinesMental and Stress/Benzodiazepines.

Decision rationale: MTUS Guidelines are very specific with the recommendation that Benzodiazepines are not recommend for long term use i.e. beyond 4 weeks. This recommendation covers chronic pain and any derivative issues that may accompany chronic pain such as spasm, insomnia, anxiety or depression. The MTUS Guideline are consistent with other Guidelines. The Xanax 1mg. #30 is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines.

Fioricet (Butalbital 50mg, Acetaminophen 325mg, Caffeine 40mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents. 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 Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: MTUS Guidelines are very specific with the recommendation that barbiturate containing medications be avoided. Fiorinal contains the barbiturate Butalbital and long term use is associated with tolerance, dependence and the development of a rebound phenomenon i.e. worsening pain/headaches due to long term frequency use. There are no unusual circumstances to justify an exception to Guidelines. The Fioricet (Butalbital 50mg, Acetaminophen 325mg, Caffeine 40mg) #60 is not supported by Guidelines and is not medically necessary.