

Case Number:	CM15-0211893		
Date Assigned:	10/30/2015	Date of Injury:	09/10/2014
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/28/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 41 year old female who sustained an industrial injury on 09-10-2014. According to a progress report dated 09-16-2015 the following subjective complaints were checked: depression, changes in appetite, lack of motivation, decreased energy, emptiness and inadequacy, difficulty thinking, difficulty staying asleep, pessimism, diminished self-esteem, early morning awakening, excessive worry, restlessness, jumpiness, tension, agitation, feeling "keyed up" or on edge, inability to relax, pressure, fear that people are following, fear of being monitored, tension headache, muscle tension, increased pain, peptic acid reaction, abdominal pain and cramping and constipation. The following improvements in symptoms were checked: better sleep, gets along better, less headache, less pain, less depressed and less nervous. The following objective behaviors were checked: depressed facial expression, visible anxiety and pressured. Services provided included pharmaceutical management. An authorization request dated 09-16-2015 was submitted. The requested services included Bupropion, Fioricet and Prosom. It is unclear how long the injured worker has been utilizing Bupropion, Fioricet and Prosom or if this was being initiated. On 09-30-2015, Utilization Review non-certified the request for Fioricet twice a day as needed and Prosom 2 mg every bedtime and authorized the request for Bupropion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet BID PRN: Upheld

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

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

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "Not recommended 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." As the request is not recommended by the MTUS, the request is not medically necessary.

Prosom 2mg QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment, Prosom.

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

Decision rationale: Prosom (estazolam) is indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Prosom 2mg nightly on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Prosom 2mg QHS; unspecified quantity is excessive and not medically necessary.