

<b>Case Number:</b>	CM15-0032742		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Texas, New York, 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 applicant is a represented 49-year-old RCS Company employee who has filed a claim for major depressive disorder (MDD) and headaches reportedly associated with an industrial injury of June 10, 2013. In a Utilization Review Report dated January 29, 2015, the claims administrator partially approved requests for ProSom, BuSpar, and Fioricet. The claims administrator did issue partial approvals, apparently for tapering or weaning purposes. The claims administrator referenced a January 12, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated February 5, 2015, the applicant reported ongoing issues with low back pain, neck pain, and wrist pain. The applicant was status post ankle ACL reconstruction surgery, it was incidentally noted. The applicant was reportedly using Neurontin, Celebrex, and Flexeril, it was acknowledged. The applicant was given a 20-pound lifting limitation. Multifocal pain complaints were attributed to cumulative trauma at work. The applicant did not appear to be working with the aforementioned limitations in place. Per the claims administrator's medical evidence log, the February 5, 2015 medical-legal evaluator's note was the sole document on file. No clinical progress notes were attached.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet #60, 1 BID, with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet (see 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:** No, the request for Fioricet, a barbiturate containing analgesic, was not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate containing analgesics such as Fioricet are not recommended in the chronic pain context present here owing to a high potential for drug dependence. Here, no clinical progress notes were incorporated into the IMR packet so as to offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.

**ProSom 2mg, 2 HS, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Similarly, the request for ProSom (estazolam), a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as ProSom may be appropriate for 'brief periods,' in cases of overwhelming symptoms. Here, however, the 30-tablet, two-refill supply of ProSom at issue represents chronic, long-term, and/or daily usage. Such usage, however, is incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. It is further noted that the attending provider has failed to furnish a clear or compelling rationale for concurrent usage of two separate anxiolytic medications, BuSpar and ProSom (estazolam). It is further noted that the attending provider has failed to furnish a clear or compelling applicant-specific rationale for concurrent usage of two separate anxiolytic medications, BuSpar and ProSom (estazolam). As with the preceding request, no clinical processes were incorporated into the IMR packet. Therefore, the request was not medically necessary.\*\*\*\*\*QUESTION 3 ADDED AFTER READING UTILIZATION REVIEW REPORT. PLEASE VERIFY WITH AN ADJUDICATOR.\*\*\*\*\* 3. Finally, the request for BuSpar, another anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as BuSpar may be employed for 'brief periods,' in cases of overwhelming symptoms, in this case, however, the information on file, namely the Utilization Review Report, suggested that the applicant was, in fact, intent on employing BuSpar for chronic, long-term, and/or daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for BuSpar. It is further note that, as with the preceding request, that the attending provider failed to furnish a clear or compelling applicant-specific rationale for concurrent usage

of two separate anxiolytic medications, BuSpar and ProSom (estazolam). Therefore, the request was not medically necessary. DETERMINATION: Not medically necessary. REFERENCES: ACOEM Practice Guidelines, Chapter 15, page 402, Anxiolytics section.