

Case Number:	CM15-0037986		
Date Assigned:	03/06/2015	Date of Injury:	06/14/2005
Decision Date:	05/01/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported an injury on 06/14/2005. The injured worker reportedly suffered a low back strain while moving a refrigerator. The current diagnoses include lumbar sprain/strain, bilateral lower extremity radiculopathy, cervical spine sprain/strain, bilateral upper extremity radiculopathy and lumbar disc desiccation. The injured worker presented on 01/20/2015 for a follow up evaluation. The injured worker reported constant pain with activity limitation. There was no documentation of a physical examination of the cervical or lumbar spine. Recommendations at that time included continuation of the current medication regimen of Norco, Prilosec, Lyrica, Zanaflex, Fioricet and Sonata. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg BID #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepines.

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommend for long term use, because long term efficacy has been unproven and there is a risk of dependence. In this case, the injured worker does not maintain a diagnosis of anxiety disorder. The medical necessity for a benzodiazepine has not been established in this case. Guidelines would not support the use of Xanax 0.5 mg with 2 refills. Given the above, the request is not medically appropriate.

Fioricet BID #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines do not recommend barbiturate containing analgesic agents for chronic pain. There is a risk of medication overuse, as well as rebound headache. The injured worker does not maintain a diagnosis of migraine headaches or chronic migraines. There are no subjective complaints of persistent migraines. The California MTUS Guidelines do not recommend the long term use of the above medication. The injured worker has utilized Fioricet since 08/2014. Given the above, the request is not medically appropriate.

Ambien 10mg HS #30 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, Zolpidem (Ambien); Pain Chapter, Insomnia Treatment, Sanofi-Synthelabo, Inc. March 2004, Ambien (Zolpidem), and Epocrates: Information Sourced from NEJM Journal Watch: Zolpidem Increases risk for Hip Fractures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. In this case, the injured worker does not maintain a diagnosis of insomnia disorder. The medical necessity has not been established in this case. It is also noted that the injured worker is utilizing Sonata 10 mg. There is no indication that the injured worker is currently utilizing Ambien 10 mg as well. Guidelines do not support long term use of hypnotics; therefore, the request for Ambien 10 mg with 2 refills would not be supported. Given the above, the request is not medically appropriate.