MAXIMUS Federal Services

Case Number:	CM15-0056534		
Date Assigned:	04/01/2015	Date of Injury:	12/11/2006
Decision Date:	05/04/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 54-year-old female, who sustained an industrial injury on 12/11/2006. The medical records did not include details of the initial injury. Diagnoses include exacerbation of thoracic pain, status post cervical fusion, chronic cervical pain and radiculopathy, chronic lumbar pain with radiculopathy, and status post right shoulder surgery. Treatments to date include medication therapy and insertion of a spinal cord stimulator. Currently, she complained of multiple psychological symptoms including but not limited to changes in appetite and weight loss, suspicion, tension headache, muscle tension, agitation, inability to relax and difficulty thinking. On 2/3/15, the physical examination documented observation of depressed facial expressions, visible anxiety, and a soft-spoken voice. The plan of care-included continuation of medication therapy as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics BCA's Page(s): 23.

Decision rationale: Based on the 12/08/14 progress report provided by treating physician, the patient presents with chronic back pain, pain to mid back and neck, and upper extremity symptoms. The request is for FIORICET #180. Patient is status post cervical fusion and right shoulder surgery, unspecified dates. Patient's diagnosis per Request for Authorization form dated 02/03/15 includes major depressive disorder, single episode, unspecified; psychological factors affecting medical condition; and generalized anxiety disorder. Medications requested with RFA dated 02/19/15 include Fioricet, Ambien, Alprazolam, Cymbalta and Seroquel. Patient also takes Norco, and notices significant improvement with spinal cord stimulation unit. Patient is not working, per treater report dated 12/08/14. MTUS Guidelines, page 23, in regards to Barbiturate containing analgesics BCA's- such as Fiorinal - states: "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. There is a risk of medication overuse as well as rebound headache." Per appeal letter dated 12/15/14, provided by psychiatric clinician states "Fioricet for the mental disorder of Psychological Factors Affecting Medical Condition with stress-intensified anxiety-mediated muscle tension headaches requiring medication with a low-dose barbiturate. As well, there is no guideline mandate against the concurrent use of an opioid with Fioricet." Medical records provided do not show inclusion of Floricet in patient's medications. It is not known when Fioricet was initiated. MTUS does not support Barbiturate-containing analgesic agents for chronic pain due to high abuse-risk potential, dependence risk, and a risk of rebound headaches following administration. Therefore, the request IS NOT medically necessary.

Ambien 10mg, #90: 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 Pain (Chronic) Chapter, Zolpidem (Ambien).

Decision rationale: Based on the 12/08/14 progress report provided by treating physician, the patient presents with chronic back pain, pain to mid back and neck, and upper extremity symptoms. The request is for AMBIEN 10MG #90. Patient is status post cervical fusion and right shoulder surgery, unspecified dates. Patient's diagnosis per Request for Authorization form dated 02/03/15 includes major depressive disorder, single episode, unspecified; psychological factors affecting medical condition; and generalized anxiety disorder. Medications requested with RFA dated 02/19/15 include Fioricet, Ambien, Alprazolam, Cymbalta and Seroquel. Patient also takes Norco, and notices significant improvement with spinal cord stimulation unit. Patient is not working, per treater report dated 12/08/14. ACOEM and MTUS Guidelines do not address Ambien. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual

with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater has not provided reason for the request. There is no diagnosis of insomnia in provided medical records. It is not known when Ambien was initiated. In this case, ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. However, the request for quantity 90 exceeds guideline recommendation, and does not indicate intended short-term use of this medication. The request is not accordance with guidelines. Therefore, the request IS NOT medically necessary.

Alprazolam 0.5mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter under Benzodiazepine.

Decision rationale: Based on the 12/08/14 progress report provided by treating physician, the patient presents with chronic back pain, pain to mid back and neck, and upper extremity symptoms. The request is for ALPRAZOLAM 0.5MG #180. Patient is status post cervical fusion and right shoulder surgery, unspecified dates. Patient's diagnosis per Request for Authorization form dated 02/03/15 includes major depressive disorder, single episode, unspecified; psychological factors affecting medical condition; and generalized anxiety disorder. Medications requested with RFA dated 02/19/15 include Fioricet, Ambien, Alprazolam, Cymbalta and Seroquel. Patient also takes Norco, and notices significant improvement with spinal cord stimulation unit. Patient is not working, per treater report dated 12/08/14.MTUS guidelines state on page 24 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG-TWC, Mental Illness & Stress Chapter under Benzodiazepine states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction." Alprazolam is a benzodiazepine. Neither MTUS nor ODG guidelines recommend it for long-term use. It is not known when this medication was initiated. In this case, the request for quantity 180 exceeds guideline recommendation of no longer than 2-3 weeks. Furthermore, requested quantity does not indicate intended short-term use of this medication. The request is not accordance with guidelines. Therefore, the request IS NOT medically necessary.