

Case Number:	CM15-0057132		
Date Assigned:	04/02/2015	Date of Injury:	02/07/1998
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 64-year-old male who sustained an industrial injury on 02/07/1998. Diagnoses include cervicgia and degenerative disc disease of the lumbar spine. Treatment to date has included medications. Diagnostics performed to date included an MRI. According to the progress notes dated 2/24/15, the IW reported persistent pain in the low back extending into his legs. The records stated Percocet did not always control his pain. The PR2 dated 1/11/13 stated the IW had back and neck pain. A request was made for Temazepam 30mg, Butalbital/APAP/ Caff 50/325/10 and Xanax 0.5mg for the IW's chronic condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30 mg Qty 30 with refills 2: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Temazepam for an unknown length of time. Reason for use such as spasms, or insomnia were not specified. In addition, the prescription was for 3 months additional which exceeds the guideline recommendation and is not medically necessary.

Butalbital/Acetaminophen (APAP)/Caffeine 50/325/10 Qty 30 with refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; <http://www.ncbi.nlm.nih.gov/pubmed/22656684>.

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

Decision rationale: According to the guidelines, Barbiturates are 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. Butalbital is a barbiturate. The claimant had already been using Percocet for pain. There was no indication for adding Butalbital. In addition, pain scores were not routinely documented. The request for Butalbital/Acetaminophen (APAP)/Caffeine 50/325/10 Qty 30 with refills 2 is not medically necessary.

Xanax 0.5 mg Qty 30 with refills 2: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Xanax for over 6 months. Specific indication for use and continuation was not specified. Continued and chronic use with additional 2 month refills is not recommended and not medically necessary.