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| <b>Case Number:</b>   | CM15-0084149 |                              |            |
| <b>Date Assigned:</b> | 05/06/2015   | <b>Date of Injury:</b>       | 06/21/2005 |
| <b>Decision Date:</b> | 06/10/2015   | <b>UR Denial Date:</b>       | 04/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/01/2015 |

### 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, North Carolina  
 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 is a(n) 58 year old male, who sustained an industrial injury on 6/21/05. He reported pain in his neck, back, knees, shoulders and wrists. The injured worker was diagnosed as having insomnia, right shoulder derangement, right carpal tunnel syndrome, bilateral knee sprain and cervical and lumbar herniated nucleus pulposus. Treatment to date has included physical therapy, an EMG/NVC study, a lumbar epidural injection and oral medications. As of the PR2 dated 4/1/15, the injured worker reported being unable to return to work because of increased pain. Objective findings include a positive straight leg raise test, paravertebral muscle spasms, positive Phalen's test and pain on range of motion in the bilateral shoulders. The treating physician requested Lorazepam 0.5mg #30, Fioricet #120 and Ambien 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg once a day #30:** Upheld

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

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

**Decision rationale:** The CA MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. The ODG states that benzodiazepines are a major cause of overdose, particularly as they act synergistically with opioids. Anti-depressants are more appropriate treatment for anxiety than benzodiazepines. The request is deemed not medically necessary.

**Fioricet every 6 hours #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics agents (BCAs) Page(s): 23.

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

**Decision rationale:** The request is for Fioricet, a barbiturate containing analgesic. Barbiturates are not recommended for long-term pain. They are often recommended for acute headache, but there is a significant risk of medication overuse and also rebound headache. There is no defined need for this medication in treating this patient, and no mention of functional gain attributed to this medication. Therefore the request is deemed not medically necessary.

**Ambien 10mg at bedtime #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** CA MTUS does not specifically address Ambien (Zolpidem). The ODG states that Ambien is a short-acting prescription nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. The request is for 30 days of Ambien, which according to guidelines is not medically necessary.