

Case Number:	CM14-0125410		
Date Assigned:	09/24/2014	Date of Injury:	01/08/1997
Decision Date:	11/12/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 claimant is a 64 year old male presenting with chronic pain following a work related injury on 11/28/54. On 04/24/2014, the claimant complained of low back pain and leg pain. The physical exam showed lumbar spine with a well-healed incision from previous surgical intervention, painful and tender hardware and range of motion limited, stiff and achy, positive bilateral straight leg raise test, diminished sensation in the L5-S1 distribution in the lower extremities. The claimant has tried medical massage for the lumbar spine, TENS unit, Condrolite, Omeprazole, Percocet, and Flurazepam. The claimant was diagnosed with low back pain with radiculopathy status-post lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fiorinal 1 TAB #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics Agents Page(s): 23.

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

Decision rationale: Fiorinal 1 TAB #80 is not medically necessary. Fiorinal is Fioricet a Barbiturate-containing analgesic agent (BCAs). According to CA MTUS page 23 Barbiturate-

containing analgesic agents (BCAs) is 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 also a risk of medication overuse as well as rebound headache. The claimant is also on an Opioid and Benzodiazepine which also has a high risk of drug dependence. Additionally, the claimant does not have a history or medical condition which requires this medication for acute or long term use; therefore the requested medication is not medically necessary.

Oxyzepam15MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

Decision rationale: Oxyzepam15MG #90 is not medically necessary but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. The CA MTUS page 24 states 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. They're ranging actions include sedative, anxiolytic, anticonvulsant and muscle relaxants. Chronic benzodiazepines are used for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increasing anxiety. A more appropriate treatment for anxiety disorder is an antidepressant."; therefore, the requested medication is not medically necessary.