

Case Number:	CM14-0183688		
Date Assigned:	11/10/2014	Date of Injury:	02/14/2003
Decision Date:	12/12/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/04/2014

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 patient is a 48-year-old male presenting with a work-related injury on October 14, 2000. On October 15, 2014 the patient complained of slight to moderate and occasionally severe neck, upper back, and low back pain. The neck pain is radiating down to the upper extremities, left greater than right with numbness and tingling in the third, fourth and fifth fingers of both hands. The pain is associated with spasms and a burning sensation in his upper back. The low back pain is localized to the low back and radiates down the lower extremities and feet with cramping, right greater than left. The patient wears a Cybertek lumbar brace for support. The physical exam revealed decreased lumbar range of motion with tightness in hamstrings bilaterally; strength is five out of five and all muscle groups. The patient's medications included Hydrocodone - Acetaminophen 7.5 - 325, Zantac, and bio freeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60: Upheld

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

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

Decision rationale: Temazepam 15mg # 60 is not medically necessary for long term use but given this medication is a benzodiazepine, it is appropriate to set a weaning protocol to avoid adverse and even fatal effects. 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/have not it, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines 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 recommended medication is not medically necessary.

Floriset 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FDA (Floriset) Page(s): 23.

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

Decision rationale: Fioricet 1 BID #60 is not medically necessary. 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.