MAXIMUS Federal Services

Case Number:	CM14-0096491		
Date Assigned:	07/28/2014	Date of Injury:	10/05/2010
Decision Date:	10/01/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 54 year old male who sustained an injury on 10/05/10 when a ceiling tile fell on his head causing complaints of neck pain and mid back pain and low back pain. The injured worker received acupuncture therapy in 2013. The injured worker had inconsistent urine drug screen findings for codeine and morphine and ranitidine. As of 04/14 the only noted medication being prescribed to the injured worker was Norco. As of 06/12/14 the injured worker continued to report complaints of neck pain radiating to the upper extremities with severe muscular spasms and low back pain radiating to the lower extremities. Physical examination noted tenderness to palpation and trigger points in the cervical spine and occipital tenderness to palpation. Omeprazole and Tylenol 3 were continued at this visit. The requested Xanax 1mg #30 with one refill Tylenol with codeine #60 with one refill and Fioricet 325/40/50mg #60 with one refill were denied by utilization review on 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR 1mg #30 with 1 refill: 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 Benzodiazepines Page(s): 24.

Decision rationale: In regards to the use of Xanax XR 1mg quantity 30 with 1 refill, this reivewer would not have recommended this medication as medically necessary based on the clincial documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, the request is not medically necessary.

Acetaminophen/Codeine 300/30mg #60 with 1 refill: 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 Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tylenol 3 with codeine #60 with one refill this reviewer would not have recommended this request as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. In review of the clinical documentation submitted for review there is no indication of any substantial functional benefits or pain reduction obtained with this medication that would support its ongoing use. Furthermore the injured worker had prior inconsistent urine drug screen results which were not clearly discussed in the clinical records provided for review. Given the insufficient objective findings regarding functional benefits and pain reduction obtained with the use of this medication this reviewer would not have recommended this medication as medically necessary.

Acetaminophen/Butalbital/Caffeine (Fioricet) 325/40/50mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Barbituate-containing analgesics (BCAs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Barbituate Containing Analgesics

Decision rationale: In regards to the request for Fioricet 325mg 325/40/50mg #60 with one refill this injured worker would not have this reviewer would not have recommended this request as medically necessary. Fioricet is not recommended by guidelines for long term use due to the concerns regarding dependency and abuse. There was no clear indication of any functional benefit or pain reduction obtained with this medication that would support continuing

prescriptions. Therefore, this reviewer would not have recommended this request as medically necessary and appropriate.