

Case Number:	CM15-0112902		
Date Assigned:	06/22/2015	Date of Injury:	12/06/2002
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/11/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 12/08/2002. The injured worker is currently diagnosed as having major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. Treatment and diagnostics to date has included psychiatric treatment and medications. In a progress note dated 04/22/2015, the injured worker presented for medication management for persistent symptoms of depression, anxiety, and stress related medical complaints arising from an industrial stress injury to the psyche. The treating physician reported requesting authorization for Nuvigil, Temazepam, and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nugivil 150mg (1) every day before noon, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Armodafinil (Nuvigil), page 666.

Decision rationale: The injured worker is a 61 year old female, who sustained an industrial injury on 12/08/2002. The injured worker is currently diagnosed as having major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. Treatment and diagnostics to date has included psychiatric treatment and medications. In a progress note dated 04/22/2015, the injured worker presented for medication management for persistent symptoms of depression, anxiety, and stress related medical complaints arising from an industrial stress injury to the psyche. The treating physician reported requesting authorization for Nuvigil, Temazepam, and Fioricet.

Temazepam 30mg one (1) every night at bedtime, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24. Decision based on Non-MTUS Citation ODG, Insomnia Treatment, pages 535-536.

Decision rationale: Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. Submitted reports have not demonstrated any specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Temazepam 30mg one (1) every night at bedtime, #30 is not medically necessary and appropriate.

Fioricet one (1) two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butalbital, page 23.

Decision rationale: Fioricet containing Butalbital, a barbiturate, is indicated for the relief of the symptom complex of tension headache. The compound consists of a fixed combination of butalbital, acetaminophen and caffeine. Evidence supporting the efficacy and safety of this combination product in the treatment of multiple recurrent headaches is unavailable. Caution in

this regard is required because butalbital is habit-forming and potentially abusable. Evidence based guidelines support treatment regimen upon clear documented medical necessity with demonstrated symptom complaints, clinical findings, and specific diagnoses along with identified functional benefit from treatment previously rendered towards a functional restoration approach to alleviate or resolve the injury in question. Submitted reports have not identified any such illness or disease process, in this case, of complex tension headaches, severe acute flare, new injury, or change in chronic pain presentation to support for this barbituate. The Fioricet one (1) two (2) times per day, #60 is not medically necessary and appropriate.