

<b>Case Number:</b>	CM15-0117183		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/10/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, low back, heel, and ankle pain reportedly associated with an industrial injury of June 10, 2013. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve requests for Xanax and Fioricet. Partial approvals were, however, seemingly issued for weaning or tapering purposes. The claims administrator referenced a May 15, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the sole note provided was a Qualified Medical Evaluation (QME) dated February 5, 2015. On said February 5, 2015 Qualified Medical Evaluation (QME), the applicant reported ongoing complaints of wrist, foot, heel, low back, and ankle pain. The applicant was on Neurontin, Flexeril, and Celebrex. The medical-legal evaluator seemingly suggested that he was only addressing the orthopedic aspects of the applicant's claim. There was, thus, no seeming discussion of the applicant's psychotropic medications and/or associated mental health issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg #30 refills 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition Chapter: Pain (Chronic) Alprazolam (Xanax) (R).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods", in cases of overwhelming symptoms, here, however, the 30-tablet, two-refill supply of Xanax at issue, in and of itself, implies chronic, long-term, and/or nightly usage of Xanax, for sedative and/or anxiolytic effects. This is not, however, an ACOEM-endorsed role for the same. While it is acknowledged that the May 15, 2015 progress note, which the claims administrator based its decision upon, was not incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request is not medically necessary.

**Fioricet #60 refills 2:** Upheld

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

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

**Decision rationale:** Similarly, the request for Fioricet, a barbiturate-containing analgesic, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are "not recommended" in the chronic pain context present here. Here, as with the preceding request, the attending provider failed to furnish a clear or compelling rationale for provision of Fioricet in the face of the unfavorable MTUS position on the same. While it is acknowledged that the May 15, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.