

<b>Case Number:</b>	CM15-0179180		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/09/1998
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old female who reported an industrial injury on 2-9-1998. Her diagnoses, and or impressions, were noted to include: chronic pain syndrome; overuse syndrome; and migraines. No current imaging studies were noted. Her treatments were noted to include medication management. The progress notes of 8-25-2015 reported: that she was doing the same; that she was only taking Fioricet which was being filled by insurance; mostly bed rest but going out maybe 1-2 times at the most; not doing well with (illegible) with no medications. The objective findings were noted as "no change". The physician's requests for treatments were noted to include refilling Fioricet for migraines and (illegible) pain; and Alprazolam for anxiety with poor sleep and to decrease super-ventricular tachycardia episodes. The Request for Authorization, dated 8-25-2015, was noted to include refills for Fioricet 1 tab every 6-8 hours as needed #90, and Alprazolam 1-2 tabs daily #30. The Utilization Review of 9-2-2015 modified the request for Alprazolam 1 mg #30, to #22; and non-certified the request for Fioricet, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fioricet #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 Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**Decision rationale:** The California MTUS section on the requested medication states: Barbiturate-containing analgesic agents (BCAs) 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. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). The requested medication is not recommended in the treatment of chronic pain conditions. There is no documented objective significant improvements in pain or function due to the medication. Therefore the request is not medically necessary.

**Alprazolam 1mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.