

Case Number:	CM15-0074238		
Date Assigned:	04/27/2015	Date of Injury:	11/02/2008
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 61-year-old female with an industrial injury date of 11/02/2008 to 11/02/2009 (cumulative trauma). Prior treatments include medications, psychotherapy and biofeedback. Progress note dated 01/17/2015 notes 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. There are no objective findings documented. The utilization review references a progress note dated 03/11/2015, which is not available in the submitted records. There is an appeal letter dated 02/11/2015 regarding Fioricet. The provider documents the Fioricet was written for tension headaches and to relieve anxiety and muscle tension. There are no other records available for review addressing the treatment request. The plan of treatment/request was for Prosom and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain, Benzodiazepines.

Decision rationale: Prosom is the brand name version of estazolam. MTUS and ODG states that benzodiazepine is "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." ODG further states that clonazepam is "Not recommended." The guidelines do not recommend long-term use of benzodiazepines and state that use is limited to four weeks. The submitted medical records indicate that the employee has been using Prosom for greater than four weeks, exceeding the recommended treatment timeframe. Additionally, there is a lack of any significant documented efficacy with this medication. The treating physician does not outline any special circumstances or extenuating reasons to continue this medication in excess of guidelines. As such, the request for Prosom 2mg #30 with 2 refills is not medically necessary.

Floriset #60 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.uptodate.com/>; Floriset (Butalbital-acetaminophen-caffeine).

Decision rationale: UPTODATE states that the use is for "Relief of symptoms of complex tension (muscle contraction) headache" and is meant for short term use. The medication is not meant for long-term use and a taper dose is recommended to discontinue. Medical documentation provided indicates this patient has been on Floriset in excess of guideline recommendations of short-term use. The treating physician has not provided documentation of findings that warrant exceeding guideline recommendations. As such, the request for Floriset #60 with 2 refills is not medically necessary.