

Case Number:	CM14-0203999		
Date Assigned:	12/16/2014	Date of Injury:	03/12/2007
Decision Date:	12/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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, Florida, 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 injured worker is a 56 year old female, who sustained an industrial injury on March 12, 2007, incurring neck and back injuries. She was diagnosed with cervical degenerative disc disease and lumbar degenerative disc disease. Treatment included pain medications, anti-depressants, anti-anxiety medications, psychotherapy, transcutaneous electrical stimulation unit, and activity restrictions. She underwent a total cervical fusion in March, 2014. Currently, the injured worker complained of increased stabbing neck pain and burning sensation. Activities worsened her pain and she developed cramping and muscle spasms within the neck. The neck pain radiated down the entire right upper extremity and into her clavicle. Walking increased her low back pain which radiated into her lower extremities. Her increased pain interfered with her activities of daily living. She developed symptoms of depressions and anxiety secondary to the traumatic industrial injury. She had a history of alcohol, cocaine and cannaboid abuse. The treatment plan that was requested for authorization included prescriptions for Alprazolam #60 with no refills and Fioricet #60 with no refills. On November 17, 2014, prescriptions for Alprazolam and Fioricet were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam, sixty count without refills: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

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

Decision rationale: This claimant was injured in 2007 with neck and back injuries. She was diagnosed with cervical degenerative disc disease and lumbar degenerative disc disease. She underwent a total cervical fusion in March, 2014. There is continued pain. She also had symptoms of depression and anxiety. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary.

Fioricet, sixty count without refills: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Section, under Barbiturate-containing medicines.

Decision rationale: This claimant was injured in 2007 with neck and back injuries. She was diagnosed with cervical degenerative disc disease and lumbar degenerative disc disease. She underwent a total cervical fusion in March, 2014. There is continued pain. She also had symptoms of depression and anxiety. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Pain section, under Barbiturate containing medicines: 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) Fioricet is commonly used for acute headache, with some data to support it, but there is a risk of medication overuse as well as rebound headache. (Friedman, 1987) The AGS updated Beers criteria for inappropriate medication use includes barbiturates. (AGS, 2012) See also Opioids. The use does not appear to be for acute headaches. Also, the risk benefit profile is adverse for these medicines. The request is not medically necessary.