

Case Number:	CM13-0010478		
Date Assigned:	11/27/2013	Date of Injury:	09/18/1999
Decision Date:	01/17/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 49-year-old male. The date of Injury is September 18, 1999. Diagnoses include herniated nucleus pulposus, with radiculopathy of the lumbar spine, accepted body parts left shoulder, left arm, and back. The patient has been treated with medication by [REDACTED], and his [REDACTED]. According to December 6, 2012 progress note, the patient has ongoing low back pain. The present review is to determine the medical necessity, or lack thereof, for ambien and diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate tabs 10mg #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, Pain Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Section Insomnia Treatment

Decision rationale: This employee has been on Ambien since at least 10-6-2010 according to documentation provided. Ambien is recommended for a maximum of 4-6 weeks. Clearly the employee's duration of treatment with Ambien vastly exceeds that guideline. As such, Ambien is not medically necessary according to the guidelines cited.

Diazepam tabs 10mg #120: 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(s): 24.

Decision rationale: Diazepam is a benzodiazepine. This employee has been on Diazepam since at least 10-6-2010 according to documentation provided. Benzodiazepines are recommended for a maximum of 4-6 weeks. Clearly the employee's duration of treatment with Diazepam vastly exceeds that guideline. As such, Diazepam is not medically necessary according to the guidelines cited.