

Case Number:	CM13-0013320		
Date Assigned:	09/30/2013	Date of Injury:	11/05/1999
Decision Date:	01/16/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Diseases and is licensed to practice in Texas. 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 patient is a 60-year-old male with a reported date of injury on 11/05/1999. The patient presented with moderate to severe back pain with radiation to the right arm, left foot and right foot. The patient had anxiety, depression, extremity weakness, headache, insomnia, joint pain, muscle weakness, neck pain and fatigue. The patient had diagnoses including "COAT"; myalgia and myositis, unspecified; radiculopathy, thoracic or lumbosacral; low back pain; depression; chronic pain due to trauma; cervical fusion at C4-6; and cervical disc replacement at C6-7. The physician's treatment plan consisted of a request for flurazepam 30 mg 1 tablet before bed and Ambien 10 mg 2 tabs before bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurazepam 30mg, one tab before bed.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sleep Aids

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

Decision rationale: The California MTUS Guidelines note that benzodiazepines are 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. Within the provided documentation, it appeared that the patient had been utilizing the medication since at least 08/19/2009. The guidelines note that benzodiazepines are not recommended for long-term use because efficacy is unproven, and there is a risk of dependence; most guidelines limit use to 4 weeks. The continued use of the benzodiazepine flurazepam would exceed the guideline recommendations for short-term use. The request for Flurazepam 30mg is not medically necessary and appropriate.

Ambien 10mg, 2 tabs before bed.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Sleep Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain chapter, Insomnia treatment

Decision rationale: The California MTUS Guidelines and ACOEM do not address Ambien. The ODG note that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. The ODG note that primary insomnia is generally addressed pharmacologically, and secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) sleep onset; (b) sleep maintenance; (c) sleep quality; and (d) next-day functioning. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the provided documentation, it appeared that the patient had been utilizing the medication Ambien since at least 11/14/2012. The guidelines recommend the use of Ambien for the short-term (usually 2 to 6 weeks) treatment of insomnia. Continued use of Ambien would exceed the guideline recommendations for short-term use of up to 2 to 6 weeks. Additionally, within the provided documentation, the requesting physician did not include adequate documentation of the patient's insomnia severity as well as adequate documentation of significant improvement with the use of the medication in order to demonstrate the medication's efficacy. The request for Ambien is not medically necessary and appropriate.