

Case Number:	CM13-0014948		
Date Assigned:	03/07/2014	Date of Injury:	07/23/2011
Decision Date:	04/22/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/22/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/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 57-year-old female who was injured on July 23, 2011. The patient continued to experience pain in her neck, back and knees. Physical examination was notable for full range of motion in her neck, impaired painful range of motion in right shoulder, and painful knees. Diagnoses included cervicalgia, chronic pain syndrome, lumbar sprain/strain, and pain in soft tissue of the limbs. The treatment included medications. Requests for authorization for Valium 5 mg # 180, Ambien 10 m g# 120, Soma 350 mg # 240, MRI of the left knee and MRI of the right knee were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5 MG QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 23.

Decision rationale: Valium is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other

drugs such as opioids (mixed overdoses are often a cause of fatalities). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The patient had been treated with Valium since at least February 2013. The duration of treatment meets the definition of long-term which is not recommended. The medication should not be authorized.

AMBIEN 10 MG QTY: 120.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th 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, Zolpidem

Decision rationale: Ambien is the prescription hypnotic zolpidem. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of Zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when Zolpidem IR was discontinued and maintenance CBT continued. In this case the patient had been treated with Zolpidem since at least February 2013. The duration of treatment surpasses the 2-6 weeks recommended by ODG. In addition there is no documentation that the patient was participating in a cognitive behavioral program, an important part of treatment for insomnia. The medication should not be authorized.

SOMA 350 MG QTY: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: Soma is the muscle relaxant Carisoprodol. Carisoprodol is not recommended by MTUS guidelines. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV

controlled substance). Abuse has been noted for sedative and relaxant effects. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. These drugs include cocaine, Tramadol, Hydrocodone, benzodiazepines, and alcohol. A withdrawal syndrome has been documented that consists of insomnia, vomiting, tremors, muscle twitching, anxiety, and ataxia when abrupt discontinuation of large doses occurs. Medical necessity is not established.

MRI OF THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: MRI of the knee is indicated when the diagnoses of meniscus tear, anterior cruciate ligament tear, or posterior cruciate ligament tear is being considered. In this case, difficulty with ambulation is not documented. The patient did not have popping sound at injury site or catching or locking of the knee. There is no documentation that the anterior drawer sign, posterior drawer sign, or pivot-shift test were positive. There is no indication that the patient was suffering from an internal derangement of the knee. Medical necessity is not established.

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: MRI of the knee is indicated when the diagnoses of meniscus tear, anterior cruciate ligament tear, or posterior cruciate ligament tear is being considered. In this case, difficulty with ambulation is not documented. The patient did not have popping sound at injury site or catching or locking of the knee. There is no documentation that the anterior drawer sign, posterior drawer sign, or pivot-shift test were positive. There is no indication that the patient was suffering from an internal derangement of the knee. Medical necessity is not established.