

Case Number:	CM13-0026099		
Date Assigned:	11/22/2013	Date of Injury:	12/09/2010
Decision Date:	04/04/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/18/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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.

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 28-year-old female who sustained an injury to her lumbar spine on 12/3/10. She complains of pain in the lower back radiating into the left leg; she describes the pain as 4-8/10. She was treated with physical therapy medication, modified activity and an epidural injection. These treatments gave her no sustained relief. She finally underwent a CT discogram which gave her concordance pain at L5-S1. She recently underwent a microdiscectomy at L5-S1. She feels that the surgery has giving her 50% relief of her symptoms, however, she still complains of low back pain and pain in her left leg. The patient has been taking Ambien since 2011 and has been taking Valium for at least one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

requested treatment for 30 Ambien 10 with 2 refills (Express Scripts): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Ambien (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. There is no medical evidence that long-term use of Ambien (Zolpidem) is indicated in chronic pain patients. Therefore, this medication is not medically necessary.

requested treatment for 30 Valium 10mg (Express Scripts): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepine and weaning of medication Page(s): 24.

Decision rationale: Valium 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. Therefore, long-term use of Benzodiazepine is not recommended for the treatment of chronic pain. However, if one is using it for a long period of time then weaning from the drug is necessary. Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) this is more dangerous than opioid withdrawal, and takes more time, with the following recommendations: (1) The recommended rate of tapering is about 1/8 to 1/10 of the daily dose every 1 to 2 weeks; (2) Rate of withdrawal should be individually tapered; (3) Tapering may take as long as a year; (4) High-dose abusers or those with polydrug abuse may need in-patient detoxification; & (5) Withdrawal can occur when a chronic user switches to a Benzodiazepine with a different receptor activity. Therefore given the above the request is not medically necessary.