

Case Number:	CM13-0041835		
Date Assigned:	12/20/2013	Date of Injury:	05/25/2011
Decision Date:	02/19/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Ohio and 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 59-year-old female who reported an injury on 05/25/2011. The mechanism of injury was a single person motor vehicle accident. The most recent clinical note dated 10/18/2013 reported the patient complained of constant low back pain. She also had intermittent pain in her left inner thigh if she sat straight up for long periods of time. She complained of numbness in her feet, especially with prolonged sitting. The patient rated her pain 10/10 without pain medication and 4/10 to 8/10 with pain medication. Physical examination revealed decreased lumbar lordosis, no tenderness over the lumbar paraspinal muscles, straight leg raise negative bilaterally, 5/5 strength to both upper extremities, reflexes were 2+ and symmetrical bilaterally, and reduced light touch over the L5 dermatomal distribution but intact elsewhere. The patient ambulated independently without any assistive device with an antalgic gait. The patient's diagnoses included status post motor vehicle accident on 05/25/2011, low back pain, lumbar degenerative disc disease, lumbar spondylosis, lumbar radiculitis, and moderate central canal stenosis at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg, prn basis twice a day, #60: 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), Pain

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

Decision rationale: Per California MTUS Guidelines, the requested medication, Klonopin, is a benzodiazepine, and is not recommended for long term use, because long term efficacy is unproven, and there is a risk of dependence. The guidelines limit the use of benzodiazepines by 4 weeks. The patient has been taking the requested medication for an extended amount of time that exceeds the 4 week time period recommended by California MTUS Guidelines. As such, the request for Klonopin 0.5mg, prn basis twice a day, #60 is non-certified.

Ambien 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 (ODG), Pain.

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 (Ambien).

Decision rationale: Per ODG, zolpidem, or Ambien, is a short acting nonbenzodiazepine hypnotic. It is approved for short term use, usually 2 weeks to 6 weeks, treatment of insomnia. 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. The requested medication can be habit forming and may impair function and memory more than opioid pain relievers. The patient has been taking the requested medication for an extended amount of time that exceeds the 2 week to 6 week time period as recommended by Official Disability Guidelines. As such, the request for Ambien 10mg, #30 is non-certified.