

Case Number:	CM13-0044987		
Date Assigned:	12/27/2013	Date of Injury:	01/22/2002
Decision Date:	08/11/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 injured worker is a 54-year-old male who reported an injury on 01/22/2002. The mechanism of injury was not provided. On 07/08/2014, the injured worker presented with neck pain associated with cervicogenic headaches and pain radiating to the bilateral upper extremities. Upon examination of the cervical spine, there were trigger points that were palpable with focal tenderness along the posterior cervical musculature, upper trapezius, and medial scapular regions bilaterally. There was decreased range of motion on all planes and significant muscle guarding noted in the bilateral cervical paraspinal muscles. Examination of the left arm revealed hypersensitivity to light touch along the entire left forearm. Examination of the lumbar spine revealed pain to palpation of the lumbar musculature with increased muscle tone and trigger points noted. There was also a positive straight leg raise bilaterally. The diagnoses were C5-6 and C6-7 anterior cervical fusion, removal of hardware C4 to C6 on 01/04/2010, posterior cervical fusion C5 to C7 on 04/01/2011, bilateral upper extremity radiculopathy, bilateral carpal tunnel release, bilateral ulnar nerve entrapment, reactionary depression and anxiety, wrist ganglion cyst, and status post permanent implantation of cervical spinal cord stimulator on 09/20/2012. Prior treatment includes surgery, injections, physical therapy, and medication. The provider recommended diazepam and Zolpidem tartrate; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 23.

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

Decision rationale: The request for diazepam 10 mg with a quantity of 60 is not medically necessary. The California MTUS Guidelines do not recommend the use benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The provider prescribed diazepam 10 mg with a quantity of 60. This would exceed the guideline recommendation for short-term therapy. Clarification would be needed on if this is a new or ongoing prescription medication. The efficacy of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.

ZOLPIDEM TARTRATE 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: TThe request for Zolpidem tartrate 10 mg with a quantity of 30 is not medically necessary. The Official Disability Guidelines state that Zolpidem is a prescription short-acting, nonbenzodiazepine hypnotic which is approved for short-term usually 2 to 6-week treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. These medications may provide short-term benefit. While sleeping pills, 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 may. There is also concern that they may increase pain and depression over long-term. Cognitive behavioral therapy should be an important part of the insomnia treatment. Clarification is needed on if this is a new or ongoing prescription medication. The efficacy of the medication was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.