

Case Number:	CM13-0063584		
Date Assigned:	12/30/2013	Date of Injury:	09/28/1992
Decision Date:	06/16/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 54 year old male who was injured on 9/28/1992. The diagnoses listed are low back pain, brachial neuritis, status post cervical fusion and L1 compression fracture. There are associated diagnoses of insomnia, anxiety and headache. The patient had completed lumbar epidural steroid injections, SI joint injections and cervical rhizotomy with limited pain relief. On 12/4/2013, [REDACTED] documented subjective complaints of low back pain, migraine, muscle spasm and a pain score of 9-10/10 all the time. The current medications listed are Oxycodone, Norco and Celebrex for pain, Diazepam and Xanax for anxiety, Ambien and melatonin for sleep and Frova for migraine. A Utilization Review decision was rendered on 11/18/2013 recommending non certification of Ambien 12.5mg #30, Diazepam 10mg #60 and Frova 2.5mg #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 12.5 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based 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 CHAPTER ZOLPIDEM

Decision rationale: The CA MTUS did not address the use of sedatives and hypnotics in the management of insomnia associated with chronic pain. The ODG guidelines recommends that the use of sedatives and hypnotics be limited to 2-6 weeks to minimize the risk of habituation, dependency, addiction and adverse effects. Zolpidem is a short acting non benzodiazepine hypnotic. It is necessary to incorporate proper sleep hygiene, better pain control and management of associated anxiety and depression. This patient is utilizing Ambien and Diazepam concurrently but at the 12/4/2013 clinic visit he continued to complain of sleeping only 3-4 hours at night. The patient has been on Ambien for several years. The insomnia is no longer effectively management with Ambien. The Ambien 12.5mg #30 is not medically necessary.

DIAZEPAM 10 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based 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 CHAPTER. DIAZEPAM

Decision rationale: The CA MTUS did not address the use of sedatives and hypnotics in the treatment of insomnia associated with chronic musculoskeletal pain. The ODG guidelines recommends that the use of Benzodiazepines be limited to 2-6 weeks to minimize the risk of habituation, dependency, addiction and adverse drug interactions in patients who are also on chronic treatment with other sedatives. This patient is utilizing Ambien, Xanax and opioid medications. The presence of multiple sedatives and co-existing psychiatric conditions can lead to increased incidence of severe adverse effects of opioids and sedative medications. Despite being treated with multiple Benzodiazepines and Ambien, the patient was still complaining of severe insomnia and anxiety. There is no documentation of compliance monitoring such as UDS, Pain Contract and improvement of ADL. The criteria for continual utilization of diazepam has not been met. The Dizaepam 10mg #60 is not medically necessary.

FROVA 2.5 MF #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, 2013 web-based 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 CHAPTER MIGRAINE TREATMENT

Decision rationale: The CA MTUS did not address the treatment of migraine headache. The ODG guidelines does not recommend the combination of multiple opioids, benzodiazepines, sedatives and frovatriptan for the chronic treatment of pain and headache due to precipitation of rebound headache. The utilization of multiple sedatives and hypnotics is associated with increased risk of habituation, abuse, dependency, drugs interactions and adverse drug effects. There is no documentation on compliance monitoring such as Pain Contract, UDS, absence of aberrant drug behavior and improvement in ADL. The documentation did not include details on the clinical pattern of the migraine or the response to treatment. The pain score was rated at 9-10/10 all the time. The Frova 2.5 mg is not medically necessary.