

Case Number:	CM14-0010461		
Date Assigned:	02/21/2014	Date of Injury:	06/16/1999
Decision Date:	08/01/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Tennessee. 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 70-year-old female who has submitted a claim for disc disorder lumbar, lumbar radiculopathy, post lumbar laminectomy syndrome, mood disorder, and lumbar/lumbosacral disc degeneration associated with an industrial injury date of 6/16/2009. Medical records from 2013 were reviewed which revealed persistent low back pain. The patient had a poor quality of sleep. The activity level of the patient decreased. The physical examination of the lumbar spine showed a loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted secondary to pain. Tenderness was noted over the paravertebral muscle. Lumbar facet loading was positive on both sides. Straight leg raise test was negative. The manual muscle test was 5/5 on all extremities. The treatment to date has included, chiropractic sessions, physical therapy and lumbar support. Medications taken to date include: Ambien, Duragesic, Lorazepam, Norco, Zanaflex, Diovan, Toprol XI, Exforge, Pradaxa, Premarin and Sotalol. The utilization review from 1/9/2014 modified the requests for Zolpidem and Lorazepam. Zolpidem was modified from #30 tablets to #15 tablets and Lorazepam from #30 tablets to #15 tablets. These medications were modified to allow weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg #30 with [REDACTED]: 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) Stress and Mental Illness Chapter.

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 California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem was used instead. The ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, the patient has been taking this medication as early as January 22, 2013. However, the progress report dated 11/26/13 mentioned that she still has difficulty initiating and maintaining sleep despite the use of Zolpidem. In addition, the guidelines recommend short-term use of this medication. Therefore, the request for Zolpidem 10 mg #30 with [REDACTED] is not medically necessary.

Lorazepam 1 mg #60 with [REDACTED]: Upheld

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

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

Decision rationale: As stated on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has been using Lorazepam, a benzodiazepine since at least January 22, 2013. However, long-term use is not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Lorazepam 1 mg #60 with [REDACTED] is not medically necessary.