

Case Number:	CM14-0013792		
Date Assigned:	02/21/2014	Date of Injury:	07/23/2011
Decision Date:	08/04/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 Family Medicine 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:

This is a 58-year-old with a July 23, 2011 date of injury. The mechanism of injury was not noted. In a February 4, 2014 progress note, the patient complained of persistent neck pain and pain in her knees. Objective findings: paraspinal muscle spasm on the left, paraspinal muscle spasm on the right, right shoulder range of motion impaired. Diagnostic impression: Cervicalgia, Chronic pain syndrome, Pain in soft tissues of limb, Neck sprain and strain, and anxiety, Treatment to date: medication management, activity modification, physical therapy. A UR decision dated January 6, 2014 denied the request for Ambien. No mention of insomnia nor instruction on sleep hygiene was documented. There was no documentation of any objective benefit from this treatment. The request for Valium was modified from 180 tablets to 90 tablets for weaning purposes. Guidelines only recommend short term use for any indication, and the patient has been using this medication for an extended period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, 180 count: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. According to the reports reviewed, the patient has been on Valium since at least November 21, 2012 if not earlier. A UR decision from April 19, 2013 modified Valium from 180 tablets to 20 tablets. There is no documentation that the physician has addressed the issue of weaning the patient off of Valium. In addition, there is no documentation in the provided reports discussing the use of Valium in this patient. Therefore, the request for Valium 5 mg, 180 count, is not medically necessary or appropriate.

Ambien 10mg, 120 count: Upheld

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

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, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. The ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the records reviewed, the patient has been on Ambien since at least October 10, 2012, if not earlier. There is no documentation that the patient has insomnia. Furthermore, in progress notes dated August 9, November 7, 2013, January 6 and February 4, 2014, the patient denies sleep disturbances. It is unclear why the patient is on this medication without diagnoses for its use. Therefore, the request for Ambien 10 mg, 120 count, is not medically necessary or appropriate.