

Case Number:	CM14-0123266		
Date Assigned:	08/08/2014	Date of Injury:	06/09/2007
Decision Date:	09/18/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 female injured on 06/09/07 when a locker of clothes fell on her head resulting in a brief loss of consciousness with subsequent diagnoses of closed head injury, post-traumatic head syndrome, and neck strain. The clinical note dated 06/10/14 indicated the injured worker presented complaining of neck pain radiating into the occipital head resulting in headaches without radicular pain into the arms. The injured worker utilized Elavil 75mg at night for pain. Physical examination revealed mild restriction of neck rotation to the right, tenderness at the paracervical muscles, no spasms, lateral tilt normal, no weakness or atrophy in the upper extremities, sensation intact to pin prick, reflexes symmetrical, Romberg negative, and affect and mental status within normal limits. Medication list included Amitriptyline, Risperdal, Docuprene, Lovaza, Zolpidem, Ativan, Omeprazole, Tramadol, Diflunisal, and Benicar. Treatment plan included renewal of medication and continuation of exercise program. Initial request for Zolpidem 5mg at night, as needed and Lorazepam 0.5mg daily or as needed 1-2 times per week was initially non-certified on 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg qhs prn: Upheld

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

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Zolpidem 5mg every night, as needed cannot be considered as medically necessary.

Lorazepam 0.5mg qd prn 1-2 times/week: Upheld

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

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines 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. Studies have shown that tolerance to its effects develops rapidly. It has been found that long-term use may actually increase anxiety. As such the request for Lorazepam 0.5mg daily or as needed 1-2 times per week cannot be considered as medically necessary.