

Case Number:	CM14-0123671		
Date Assigned:	08/08/2014	Date of Injury:	12/08/1999
Decision Date:	10/01/2014	UR Denial Date:	07/15/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on December 8, 1999. The mechanism of injury is noted as lifting a patient. The most recent progress note dated August 13, 2014, indicates that there are ongoing complaints of left sided low back pain, pelvic pain, and leg pain. The injured worker reported increased pain and difficulty sleeping when not using diazepam and zolpidem. Pain is rated at 8/10. The physical examination demonstrated marked spasms of the lower thoracic and lumbar spine. There was an antalgic gait with ambulation favoring the left lower extremity. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request was made for diazepam and zolpidem and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127..

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. The medical record indicates that the injured employee has been taking this medication for an extended period of time, in the most recent progress note dated August 13, 2014, does not indicate a diagnosis of anxiety or panic disorder. For these reasons, this request for diazepam is not medically necessary.

Zolpidem 5mg #30: 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): Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

Decision rationale: According to the Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. A review of the medical records indicate that this medication has been prescribed for an extended period of time. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.