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| Case Number: | CM14-0127425 | | |
| Date Assigned: | 08/18/2014 | Date of Injury: | 04/16/2001 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/12/2014 |

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 and 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 records presented for review indicate that this 63-year-old gentleman was reportedly injured on April 16, 2001. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 17, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities as well as a complaint of left knee pain. Pain was stated to be 7/10 without medications and 4/10 with medications. The physical examination demonstrated slightly decreased triceps and patellar reflex on the right side and absent on the left side. There was also the absence of an Achilles reflex bilaterally. Left leg motor strength was rated at 4/5. There was a negative straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy. A request had been made for Ambien and Klonopin and was not certified in the pre-authorization process on August 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien10mg #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, Pain (chronic), Zolpidem.

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 07/10/14).

Decision rationale: 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. The guidelines specifically do not recommend this drug for long-term use for chronic pain such, this request for Ambien is not medically necessary.

Klonopin 0.5mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682279.html>.

Decision rationale: Klonopin is a medication used to control certain types of seizures. It is also used to relieve panic attacks. As this medication is a benzodiazepine it is not indicated for long-term usage to two concerns for tolerance and abuse. As this medication is written for 80 tablets, this request for Klonopin is not medically necessary.