

Case Number:	CM14-0152516		
Date Assigned:	09/19/2014	Date of Injury:	06/03/2003
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational 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:

According to the records made available for review, this is a 51-year-old male with a 6/3/03 date of injury. At the time (7/14/14) of the request for authorization for Valium 5mg and Ambien 12.5mg QTY:30.00, there is documentation of subjective (neck pain, knee pain, shoulder pain, and wrist pain) and objective (decreased right shoulder and cervical spine active range of motion) findings, current diagnoses (neck pain, cervical degenerative disc disease, bilateral ulnar neuropathy status post surgery, bilateral wrist pain, knee pain, bilateral inguinal hernia, and shoulder pain), and treatment to date (medication including Valium and Ambien for at least 10 months). Regarding Valium 5mg, there is no documentation of the intended duration of treatment with the requested Valium; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Valium use to date. Regarding Ambien 12.5mg QTY:30.00, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of neck pain, cervical degenerative disc disease, bilateral ulnar neuropathy status post surgery, bilateral wrist pain, knee pain, bilateral inguinal hernia, and shoulder pain. However, there is no documentation of the intended duration of treatment with the requested Valium. In addition, given documentation of treatment with Valium for at least 10 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Valium use to date. Therefore, based on guidelines and a review of the evidence, the request for Valium 5mg is not medically necessary.

Ambien 12.5mg QTY:30.00: 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) Chronic Pain Chapter, Zolpidem

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of neck pain, cervical degenerative disc disease, bilateral ulnar neuropathy status post surgery, bilateral wrist pain, knee pain, bilateral inguinal hernia, and shoulder pain. However, there is no documentation of insomnia. In addition, given documentation of records reflecting prescriptions for Zolpidem since at least October 2013, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien 12.5mg QTY:30.00 is not medically necessary.