

Case Number:	CM14-0157332		
Date Assigned:	09/30/2014	Date of Injury:	12/08/1999
Decision Date:	11/25/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 8, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; sleep aids; unspecified amounts of acupuncture; transfer of care to and from various providers in various specialties; unspecified amounts of massage therapy; and transportation to and from all appointments. In Utilization Review Report dated October 8, 2014, the claims administrator failed to approve a request for diazepam and zolpidem. The applicant's attorney subsequently appealed. In an April 16, 2014, progress note, the applicant reported ongoing complaints of low back radiating to the left leg. The applicant reportedly had a footdrop. Additional acupuncture was sought. The applicant's medication list was incorporated into his particular progress note. In an August 30, 2014, progress note, the applicant again reported ongoing complaints of low back pain radiating to the left leg. The applicant reported that her sleep had worsened since zolpidem had been denied. The applicant stated that she could not afford transportation to and from office visits and/or to massage therapy appointments. The applicant was given prescriptions for oral Toradol, Zantac, Ambien, Valium and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg #120: 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: In this case, it appears that diazepam is being employed for antispasmodic effect/muscle relaxants effect. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, however, chronic benzodiazepines usage is a treatment of choice for very conditions, with most guidelines limiting usage of benzodiazepines to four weeks. In this case the 120-tablet supply of diazepam sought here implies chronic, long-term and/or scheduled usage of the same. Such usage is incompatible with page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Zolpidem 5 mg #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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ambien Label - Food and Drug Administration
www.accessdata.fda.gov/.../label/.../01990 Food and Drug Administration -----
INDICATIONS AND USAGE----- Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies

Decision rationale: While the MTUS does not specifically address topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding the well informed regarding the usage of the same, and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia for up to 35 days. In this case, however, the attending provider is seemingly employing zolpidem or Ambien for chronic, long-term and/or scheduled use purposes. Such usage, however, is incompatible with FDA label. The attending provider has failed to furnish any compelling applicant specific information or medical evidence, which would offset the unfavorable FDA position on long-term usage of zolpidem. Therefore, the request is not medically necessary.