

Case Number:	CM14-0164452		
Date Assigned:	10/09/2014	Date of Injury:	09/19/2000
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is 48 year old female who was injured on 9/19/2000. She was diagnosed with chronic pain syndrome and degeneration of lumbar intervertebral disc. She was treated with opioids, benzodiazepines, and sleep aids. She was seen by her treating physician on 9/2/14 reporting her low back pain being stable and well controlled, rated at 3/10 on the pain scale, due to her medication use (Duragesic, hydromorphone, Valium, zolpidem) and exercise. She reported walking every day and swimming 4 times per week. She reported working regular duty at the time. Physical examination was significant for tenderness of the cervical paraspinal muscles, normal sensation of upper and lower extremities, normal gait, and tenderness of the lumbosacral area. She was then recommended to continue her then current medication regimen including her Ambien to help assist her with sleep disturbance associated with pain and Valium for her anxiety and tension/pain for upcoming travel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg #5: 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: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, it is not clear how this specific recommendation for Valium is related to her injuries if she is using them for travel. Without more clear explanation how this medication is medically necessary and connected to her injury, the Valium is not medically necessary.

Zolpidem 10 mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, insomnia treatment and Zolpidem

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was no report on her functional improvement (sleep) related to her zolpidem use on a chronic basis. Also, there is evidence that she had been using it far beyond the recommended duration. Therefore, the zolpidem is not medically necessary to continue.