

Case Number:	CM14-0029891		
Date Assigned:	06/20/2014	Date of Injury:	08/03/1999
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas. 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 54 year old female who sustained an injury on 08/03/99. No specific mechanism of injury was noted. Rather this was a cumulative trauma injury to the right upper extremity and cervical spine. The injured worker was seen by a treating physician for a new injured worker evaluation on 01/31/14. Prior treatment included physical therapy and medications including anti-inflammatories, muscle relaxants, and analgesics. The injured worker had prior carpal tunnel release bilaterally in 2002. Prior epidural steroid injections had been performed. The injured worker had a prior fusion at C4-5 performed in 2006. Medications prescribed by the injured worker's previous physician, [REDACTED] included Motrin, Percocet, MS Contin, Valium, Ambien, and a stool softener. The injured worker was utilizing Percocet at a rate of five pills per day for breakthrough pain. The injured worker was taking MS Contin 15mg up to three times per day. The injured worker continued to report complaints of neck pain radiating into the upper extremities with associated numbness and tingling. The injured worker reported significant relief with pain with medication by 50%. Physical examination noted tenderness to palpation and muscular spasms in the cervical spine. Range of motion was limited. Mild weakness on right shoulder abduction and bilateral thumb abduction was noted. Phalen signs were positive at the bilateral wrists. The treating physician recommended alterations to prescription medications. The injured worker did not wish to alter her current medication regimen and was referred back to another treating physician. The requested valium 10mg #60 and Ambien 10mg #30 were denied by utilization review on 02/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #60: Upheld

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

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

Decision rationale: In regards to the use of Valium 10mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this request is not medically necessary.

Ambien 10mg #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, FDA.

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

Decision rationale: In regards to the use of Ambien 10mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the Food Drug Administration has recommended that dosing of Ambien be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Ambien has been effective in improving the claimant's overall functional condition. As such, this reviewer does not recommend this request as medically necessary.