

Case Number:	CM14-0032813		
Date Assigned:	06/20/2014	Date of Injury:	05/10/2007
Decision Date:	07/28/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 52-year-old male with a 5/10/07 date of injury. At the time of request for authorization for Xanax and Ambien, there is documentation of subjective complaints of low back pain radiating to the bilateral lower extremities, neck pain radiating to the upper extremities, right knee pain, and difficulty performing activities of daily living. Objective findings included tenderness to palpation over the posterior cervical musculature bilaterally with trigger points, decreased cervical range of motion, sensory deficits along the posterior lateral arms and forearms, and decreased triceps reflexes bilaterally. There was also tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle rigidity, positive straight leg raise, and decreased sensation along the right lateral calf and left medial calf. There was right knee swelling with crepitus and tenderness upon palpation, as well. Current diagnoses include lumbar degenerative disc disease with radiculopathy, cervical spine sprain/strain with radiculopathy, and right knee internal derangement, and treatment to date has included Ambien and Xanax since at least 7/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states 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 lumbar degenerative disc disease with radiculopathy, cervical spine sprain/strain with radiculopathy, and right knee internal derangement. However, given documentation of ongoing treatment with Xanax since at least 7/12/13, there is no documentation of short-term (less than 4 weeks) treatment. In addition, 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 as a result of use of Xanax. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Ambien 10mg #30: 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.

Decision rationale: The MTUS does not address this issue. The Official Disability Guideline state that Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. 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 lumbar degenerative disc disease with radiculopathy, cervical spine sprain/strain with radiculopathy, and right knee internal derangement. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien since at least 7/12/13, there is no documentation of short-term (two to six weeks) treatment of insomnia. Furthermore, 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 as a result of use of Ambien. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.