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| Case Number: | CM14-0038823 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 11/06/2012 |
| Decision Date: | 08/22/2014 | UR Denial Date: | 03/05/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 11/06/2012. The mechanism of injury was reported as falling off a ladder. The diagnoses included status post L4-5 and L5-S1 anterior fusion. Prior therapies included chiropractic care, epidural steroid injections, and surgery. Diagnostic studies included an EMG/NCV and an MRI of the lumbar spine. Per the 02/07/2014 progress report, the injured worker reported low back pain radiating to the lateral thighs. It was noted he was taking Ambien and Valium for spasm and anxiety at night. The injured worker rated his pain as 8/10 before taking medications. Objective findings included intact motor strength, sensation, and deep tendon reflexes in the lower extremities. The current medications included Vicodin, Valium, Flexeril, Ambien, and Imitrex. The treatment plan included Ambien for sleep difficulty and Valium for anxiety. The Request for Authorization Form was not present in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium (Diazepam 10mg) Tabs #120, Sig: one tablet every 6 hours as needed for anxiety/pain with no refill: Upheld

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

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

Decision rationale: The request for Valium (Diazepam 10mg) Tabs #120, Sig: one tablet every 6 hours as needed for anxiety/pain with no refill is non-certified. The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical records provided indicate an ongoing prescription for Valium since at least 09/19/2013. There is no indication as to the efficacy of the medication. Nonetheless, the guidelines do not recommend the long term use of benzodiazepines. Based on this information, continued use is not supported. As such, the request for Valium (Diazepam 10mg) Tabs #120, Sig: one tablet every 6 hours as needed for anxiety/pain with no refill is non-certified.

Ambien (zolpidem tartrate 10mg) Tabs #30, one tablet by mouth every night as needed for insomnia with no refill: 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), Pain, Insomnia treatment; Pain, Zolpidem (Ambien®).

Decision rationale: The request for Ambien (zolpidem tartrate 10mg) Tabs #30, one tablet by mouth every night as needed for insomnia with no refill is non-certified. The Official Disability Guidelines recommend that insomnia treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The specific component of insomnia should be addressed, including sleep onset, sleep maintenance, sleep quality, and next day functioning. Ambien is approved for the short term treatment of insomnia, usually 2 weeks to 6 weeks. While sleeping pills and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opioid pain relievers. The medical records provided indicate an ongoing prescription for Ambien since at least 09/19/2013. The injured worker continued to report sleep difficulty. There is no indication as to the efficacy of the medication. Nonetheless, the guidelines do not support the long term use of Ambien. Based on this information, continued use is not supported. As such, the request for Ambien (zolpidem tartrate 10mg) Tabs #30, one tablet by mouth every night as needed for insomnia with no refill is non-certified.