

Case Number:	CM14-0041434		
Date Assigned:	06/30/2014	Date of Injury:	07/12/2004
Decision Date:	09/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 38 year old male injured on 07/12/04 due to undisclosed mechanism of injury. Current diagnoses included carpal tunnel syndrome, displacement of cervical intervertebral disc without myelopathy, disorder of rotator cuff, strain of rotator cuff capsule, and glenoid labrum detachment. Surgical history included left shoulder rotator cuff approximately four years 2010, low back surgery in 2010, and upper back surgery in March of 2012. Clinical note dated 04/02/14, indicated the injured worker complained of bilateral wrist pain rated 8/10 described as burning and stabbing, he also reported associated weakness, numbness, tingling, radiating into the upper extremities. Medications included Norco and Lidoderm. Clinical note dated 04/21/14 indicated the injured worker had an approximate 30 pound weight loss in preparation for surgical intervention on right wrist. Intent to decrease Valium dose to 10mg twice a day from three times a day, additionally it was noted prescription refill of Oxycodone 60mg three times a day and Ambien 10mg every night. It was noted injured worker to receive Ambien instead of Ambien CR. Initial request for one prescription of Valium 10mg #90 with four refills and one prescription of Ambien CR 12.5mg plus 30 with four refills was not medically necessary on 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF VALIUM 10MG #90 WITH 4 REFILLS: 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 9792.20, Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request ONE prescription of Valium 10mg #90 with 4 refills cannot be recommended as medically necessary at this time.

ONE PRESCRIPTION OF AMBIEN CR 12.5MG #30 WITH 4 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PAIN CHRONIC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. Further, clinical documentation indicates intent to alter prescription from Ambien CR to Ambien in 04/21/14. As such, the request for one prescription of Ambien CR 12.5mg #30 with 4 refills cannot be recommended as medically necessary.