

Case Number:	CM14-0048414		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2011
Decision Date:	08/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 Interventional Spine 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:

The patient is a 31 year old female with an injury date of 06/15/11. Based on the 04/01/14 progress report provided by [REDACTED], the patient complains of migraine headaches, nausea, vomiting, dyspepsia, an allergic reaction in the bilateral upper extremities, persistent pruritis, and pain in her arm, hand, and neck. Her diagnoses include the following low back pain, opioid dependence, chronic left arm, hand and wrist pain. [REDACTED] is requesting for the following Lorazepam 1 mg qty: 60 and Ambien 5 mg qty: 60. The utilization review determination being challenged is dated 04/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/01/13- 04/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg qty:60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed>.

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

Decision rationale: According to the 04/01/14 report by [REDACTED], the patient presents with migraine headaches, nausea, vomiting, dyspepsia, an allergic reaction in the bilateral upper extremities, persistent pruritus, and pain in her arm, hand, and neck. The request is for Lorazepam 1 mg (qty: 60). The patient has been taking Lorazepam since 03/17/14. California MTUS page 24 states that 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. In this case, the patient has been taking Lorazepam since 03/17/14 and there is no discussion provided as to how this medication benefits the patient. Therefore the request is not medically necessary.

Ambien 5mg qty:60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the 04/01/14 report by [REDACTED], the patient presents with migraine headaches, nausea, vomiting, dyspepsia, an allergic reaction in the bilateral upper extremities, persistent pruritus, and pain in her arm, hand, and neck. The request is for Ambien 5 mg (qty: 60) 1-2 tabs at hs for sleep. The California MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the provider is requesting 5mg #60 1-2 tabs at hs. ODG Guidelines does not recommend long-term use of this medication; therefore the request is not medically necessary.