

Case Number:	CM14-0051680		
Date Assigned:	07/11/2014	Date of Injury:	07/11/2003
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/18/2014

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 49-year-old female with a 7/11/03 date of injury. At the time (2/7/14) of request for authorization for Klonopin 1mg #180 and Ambien 10mg #150, there is documentation of subjective findings of low back pain radiating to the bilateral lower extremities and difficulty sleeping and objective findings of antalgic gait, tenderness to palpation over the bilateral L5 facets and sacroiliac joint region, pain with lumbar range of motion, bilateral lower extremity edema, and iliotibial band tenderness to palpation. Current diagnoses are lumbar stenosis, lumbar spondylolisthesis, lumbar facet arthropathy, and iliotibial band tendinitis and treatment to date has consisted of ongoing therapy with Klonopin since at least 10/9/13 with improved cramping and activity tolerance and Ambien since at least 10/9/13 with functional benefit of increased sleep and activity tolerance. Regarding Klonopin 1mg #180, there is no documentation of short-term (less than 4 weeks) treatment. Regarding Ambien 10mg #150, there is no documentation of short-term (two to six weeks) treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg #180: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies 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 stenosis, lumbar spondylolisthesis, lumbar facet arthropathy, and iliotibial band tendinitis. In addition, given documentation of improved cramping and activity tolerance with use of Klonopin, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Klonopin. However, given documentation of ongoing treatment with Klonopin since at least 10/9/13, there is no documentation of short-term (less than 4 weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Klonopin 1mg #180 is not medically necessary.

Ambien 10mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine 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 stenosis, lumbar spondylolisthesis, lumbar facet arthropathy, and iliotibial band tendinitis. In addition, there is documentation of difficulty sleeping. Furthermore, given documentation of functional benefit of increased sleep and activity tolerance with use of Ambien, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Ambien. However, given documentation of ongoing treatment with Ambien since at least 10/9/13, there is no documentation of short-term (two to six weeks) treatment of insomnia. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #150 is not medically necessary.

