

Case Number:	CM14-0057529		
Date Assigned:	08/06/2014	Date of Injury:	05/11/2006
Decision Date:	10/03/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Practice 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 41 year old male claimant sustained a work injury on 5/11/06 involving the low back. He was diagnosed with L5-S2 radiculopathy with central disc protrusion, lumbar strain and L4-S1 facet arthropathy. A progress note on 4/25/14 indicated the claimant had improvement after receiving an epidural steroid injection. He had been on Norco and Oxycontin for pain. He used Ambien for sleep. Exam findings were notable for lumbar muscle spasms, reduced range of motion and no nerve root findings. The treating physician requested continuation of the claimant's Ambien 10 mg at night to help with disturbed sleep cycles. He was requested to use Valium as a muscle relaxant since he has failed other muscle relaxants. He was also to continue his Oxycontin and Gabapentin. A progress note on 8/22/14 indicated similar exam findings and a request for the Ambien and Valium to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5MG #30: Upheld

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

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

Decision rationale: Valium is a Benzodiazepine. According to the MTU guidelines, Valium is not recommended for long-term use and should be limited to 4 weeks. In this case, the claimant had failed prior muscle relaxants. He had been on Valium as well for months. There is no indication that one is superior to the other. The prolonged use of Valium is not indicated. The continued use of Valium is not medically necessary.

Ambien 10mg #30: Upheld

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had been on Ambien for months without specific etiology or pathology explaining the sleep disturbance. Ambien 10 mg is limited to short-term use (7-10 days) and there is an increased risk of death with prolonged use. The continued use of Ambien is not medically necessary.