

Case Number:	CM14-0079242		
Date Assigned:	07/18/2014	Date of Injury:	12/02/1998
Decision Date:	08/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/29/2014

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 Georgia. 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 claimant is a 53 year old male presenting with chronic pain following a work related injury on 12/21/1998. On 5/7/2014, the claimant reported 4-6/10 pain. The claimant was diagnosed with chronic pain syndrome, degeneration of the lumbar spine/lumbosacral intervertebral disc, lumbago, sciatica, and thoracic/lumbosacral neuritis/radiculitis. On 5/17/2012, the physical exam showed acute distress from low back pain, antalgic gait on the left with the use of a single point cane, diminished sensation to vibration at both great toes, left more than right, diminished perception to pinprick in the lateral aspect of left thigh, calf and foot. EMG and NCV were abnormal. MRI of the lumbar spine showed postsurgical changes at L3 and L4 vertebral bodies and intervertebral disc, as well as a cage at L3-4. A claim was made for Xanax, Ambien, and Provigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, #5: 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):SSRI or SNRI, Benzodiazepines.

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

Decision rationale: Xanax 0.5mg #5 is not medically necessary. Chronic Pain Medical Treatment Guidelines, page24 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. They're ranging actions include sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines is the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The claimant has been on long term benzodiazepines and per Ca MTUS is not medically necessary. If the claimant is not already weaning off this medication, a protocol to wean should be initiated with one last authorized medication renewal. Therefore given the above the request is not medically necessary.

Provigil 200mg, #30: 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) Physician Desk Reference.

Decision rationale: Provigil 200mg daily prn # 30 is not medically necessary. The current Physician Desk Reference does not recommend the use of Provigil as treatment for opioid induced somnolence. Provigil is indicated for narcolepsy, shift work sleep disorder, or restless leg syndrome. The claimant's medical records do not document these medical conditions; therefore, the requested medication is not medically necessary.

Ambien 10mg, #15: 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): Ambien.

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

Decision rationale: Ambien 10mg, #15 is not medically necessary. The ODG states that Ambien is not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist 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. There is also concern that they may increase pain and depression over long-term. Ambien ER is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien to be effective for up to 24 weeks in adults. According to the medical records it is unclear how long the claimant was on the medication. Additionally, there is no documentation of

sleep disorder requiring this medication. It is more appropriate to set a weaning protocol at this point. Given the above the request for Ambien is not medically necessary.