

<b>Case Number:</b>	CM14-0092867		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 56 year old male who sustained an industrial injury on 02/01/13. The EMG/NCS done on 01/11/14 revealed mild bilateral L4-5 radiculopathy and normal NCS. The progress note from 05/08/14 was reviewed. He had frequent pain and numbness in the upper and lower extremities. He had pain of 6-8/10 without medications. He continued to have anxiety attacks and depression. He had moderate problems sleeping at the present time. Objective findings included restricted range of motion of cervical, thoracic and lumbar spine. Neck compression test was positive. There was a well-healed scar noted to the right forearm. There was diffuse tenderness noted to the bilateral wrists upon palpation. The range of motion of the bilateral wrists were slightly decreased in all directions. Sensation to fine touch and pinprick were decreased in the 1st, 2nd and 3rd digits bilaterally. Grip strength was decreased in the right and left hand at 4/5. The diagnoses included chronic myofascial pain syndrome, cervical and thoracolumbar spine, bilateral chronic tenosynovitis of bilateral wrists, moderate-to-severe right carpal tunnel syndrome and mild bilateral L4-5 radiculopathy. The plan of care included home exercise program, aquatic therapy exercises, meditation, urine drug screen, Naproxen, Cyclobenzaprin, Omeprazole, Fluoxetine, Ativan 1mg BID and Ambien 10mg QHS. He had been on Ambien since atleast January 2014 and Ativan since March 2014. The request was for Ambien and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg QHS:** 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, Insomnia treatment

**Decision rationale:** The employee was a 56 year old male who sustained an industrial injury on 02/01/13. The EMG/NCS done on 01/11/14 revealed mild bilateral L4-5 radiculopathy and normal NCS. The progress note from 05/08/14 was reviewed. He had frequent pain and numbness in the upper and lower extremities. His pain was 6-8/10 without medications. He continued to have anxiety attacks and depression. He had moderate problems sleeping at the present time. Objective findings included restricted range of motion of cervical, thoracic and lumbar spine. Neck compression test was positive. There was a well-healed scar noted to the right forearm. There was diffuse tenderness noted to the bilateral wrists upon palpation. The range of motion of the bilateral wrists were slightly decreased in all directions. Sensation to fine touch and pinprick were decreased in the 1st, 2nd and 3rd digits bilaterally. Grip strength was decreased in the right and left hand at 4/5. The diagnoses included chronic myofascial pain syndrome, cervical and thoracolumbar spine, bilateral chronic tenosynovitis of bilateral wrists, moderate-to-severe right carpal tunnel syndrome and mild bilateral L4-5 radiculopathy. The plan of care included home exercise program, aquatic therapy exercises, meditation, urine drug screen, Naproxen, Cyclobenzaprin, Omeprazole, Fluoxetine, Ativan 1mg BID and Ambien 10mg QHS. He had been on Ambien since atleast January 2014 and Ativan since March 2014. The request was for Ambien and Ativan. According to Official Disability Guidelines, Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset. The medical records indicate that Ambien was being prescribed from atleast January 2014. The request was Ambien 10mg is not medically necessary and appropriate.

**Ativan 1mg BID:** 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, Insomnia treatment

**Decision rationale:** The employee was a 56 year old male who sustained an industrial injury on 02/01/13. The EMG/NCS done on 01/11/14 revealed mild bilateral L4-5 radiculopathy and normal NCS. The progress note from 05/08/14 was reviewed. He had frequent pain and numbness in the upper and lower extremities. He had pain of 6-8/10 without medications. He continued to have anxiety attacks and depression. He had moderate problems sleeping at the present time. Objective findings included restricted range of motion of cervical, thoracic and lumbar spine. Neck compression test was positive. There was a well-healed scar noted to the right forearm. There was diffuse tenderness noted to the bilateral wrists upon palpation. The

range of motion of the bilateral wrists were slightly decreased in all directions. Sensation to fine touch and pinprick were decreased in the 1st, 2nd and 3rd digits bilaterally. Grip strength was decreased in the right and left hand at 4/5. The diagnoses included chronic myofascial pain syndrome, cervical and thoracolumbar spine, bilateral chronic tenosynovitis of bilateral wrists, moderate-to-severe right carpal tunnel syndrome and mild bilateral L4-5 radiculopathy. The plan of care included home exercise program, aquatic therapy exercises, meditation, urine drug screen, Naproxen, Cyclobenzaprin, Omeprazole, Fluoxetine, Ativan 1mg BID and Ambien 10mg QHS. He had been on Ambien since at least January 2014 and Ativan since March 2014. The request was for Ambien and Ativan. According to Official Disability Guidelines, Benzodiazepines are recommended only for short-term use due to risk of tolerance, dependence and adverse events. These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food and making phone calls while asleep. Particular concern is noted for patients at risk for abuse or addiction. The employee had insomnia, depression and anxiety and was being treated initially with Xanax at least since January 2014 and then Ativan since March 2014. Hence the request for Ativan is not medically necessary or appropriate.