

Case Number:	CM14-0097236		
Date Assigned:	07/28/2014	Date of Injury:	12/12/2003
Decision Date:	12/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 58 year old woman with a date of injury of 12/12/03. She was seen by her secondary treating physician on 4-16-14 with complaints of low back pain with radiation into her legs. She reported a malfunction of her spinal stimulator battery pack. She was taking her medications with a pain level of 4-6/10. Her exam showed paralumbar spasm with tenderness to palpation and atrophy in the quadriceps. She had diminished right and left resisted rotation. Straight leg raise was positive bilaterally and spine range of motion was limited due to pain. Deep tendon reflexes were absent at the knees and sensation was decreased. Motor exam of the legs was 5/5. She also had tenderness to palpation in the trapezius muscle with restricted cervical range of motion. Reflexes were 1+ in the biceps tendon and sensation was decreased in C6 dermatome with normal 5/5 motor strength. Her medications included narcotics and muscle relaxants. Her diagnoses were degeneration of cervical disc, cervical radiculitis, post-laminectomy syndrome - cervical and lumbar, low back pain, lumbar and cervical disc displacement and lumbar radiculopathy. At issue in this review are the prescriptions for ativan and ambien. Length of prior prescription is not documented in the noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg for 30 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: Benzodiazepenes 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this injured worker, it is unclear why valium is prescribed and there is no documentation of a discussion of efficacy, functional impact or side effect to justify use. The records do not document medical necessity of valium.

Ambien 10mg for 30 day supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Zolpidem Uptodate: treatment of insomnia and drug information - Zolpidem

Decision rationale: Zolpidem (ambien) is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder and receive general advice regarding sleep hygiene. In this injured worker, her sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for ambien.