

Case Number:	CM14-0098505		
Date Assigned:	07/28/2014	Date of Injury:	10/13/2001
Decision Date:	09/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 13, 2001. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; sleep aids, and anxiolytic medications. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for Ambien and Valium, invoking non-MTUS ODG guidelines to deny the former. The applicant's attorney subsequently appealed. In a July 1, 2014 progress note, the applicant reported persistent complaints of low back pain, 6-7/10. The applicant was using Ambien nightly, Lidoderm on and off, Norco twice daily, Naprosyn twice daily, Flexeril twice daily, and Prilosec twice daily for gastric protective purposes. The applicant stated that "Ambien was affording her with the ability to sleep seven to eight hours nightly versus four to five hours without the same." The applicant stated that she is able to "perform activities of daily living with ongoing medication usage." Medial branch blocks were sought. Multiple medications were refilled, including Ambien, Lidoderm, Naprosyn, Prilosec, and Norco. Robaxin was introduced while Flexeril was discontinued. The applicant was asked to obtain a lumbar MRI and additional acupuncture. On June 3, 2014, the applicant was described as using Valium 5 mg one-half tablet nightly, apparently for sedative effect. The applicant was apparently advised to discontinue Valium on this occasion and continue Ambien. In an earlier note of May 6, 2014, the applicant was given refills of both Valium and Ambien, again reportedly for anxiolytic effect. The applicant's work status, once again, was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg # 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated for the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider has seemingly refilled Ambien for nightly, scheduled, and long-term use purposes, for insomnia for what appears to be a minimum of three to four months. This is not an FDA-approved role for Ambien. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable FDA position on the same. Therefore, the request is not medically necessary.

Valium 15 mg # 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and physical resources, in this case, however, the attending provider was seemingly intent on employing Valium for chronic, long-term, and scheduled-use purposes, for insomnia. This is not an ACOEM-approved role for Valium. The attending provider apparently reached the same conclusion and ultimately elected to discontinue Valium. Therefore, the request for Valium 15 mg # 15 is not medically necessary.