

Case Number:	CM14-0185062		
Date Assigned:	11/12/2014	Date of Injury:	07/18/2012
Decision Date:	05/06/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female who sustained an industrial injury on July 18, 2012. The injured worker was diagnosed with cervical sprain/strain, cervical spine myospasm and status post lumbar fusion. The injured worker underwent a lumbar posterior fusion at L4-L5 and L5-S1 with an interbody prosthesis and bilateral laminectomies S1 and L5 on January 31, 2014. Treatment to date has included diagnostic testing, surgical intervention, medications, epidural steroid injection (ESI), aquatic therapy and physical therapy. According to the primary treating physician's progress report on October 1, 2014, the patient continues to experience low back pain with radiation to the left lower extremity, neck pain and persistent stress. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paraspinal muscles and positive straight leg raise bilaterally and decreased range of motion. The injured worker ambulates with a cane. Current medications are listed as Norco, Ibuprofen, Diazepam, Ambien and Omeprazole. Treatment plan consists of home exercise program, aquatic therapy and prescribed medications as requested for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5 mg # 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 24 regarding benzodiazepines, "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. Chronic benzodiazepines are the treatment of choice in 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 review of the attached medical record indicates that the injured employee has been prescribed this medication for an extended period of time. Furthermore the most recent progress note dated January 13, 2015 which prescribes diazepam does not include a diagnosis of anxiety or panic disorder. As the treatment is not recommended for long-term use nor is there any recent indication for the use of diazepam, the request is not medically necessary.

Omeprazole 20 mg # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68 - 69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no complaint of G.I. upset or a diagnosis provided of a G.I. disorder in the most recent progress note dated January 13, 2015, which prescribes this medication. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, zolpidem.

Decision rationale: The Official Disability Guidelines recommends that usage of Ambien be limited to six weeks time as there is concern that it can be habit-forming and may impair function and memory. There is also concern that it may actually increase pain and depression

over the long-term. A review of the attached medical record to include the most recent progress note dated January 13, 2015 indicates that this medication has been prescribed for an extended period of time. As such, this request for Ambien is not medically necessary.