

Case Number:	CM15-0007551		
Date Assigned:	01/22/2015	Date of Injury:	07/14/2002
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 07/14/2002. He has reported subsequent back and lower extremity pain and was diagnosed with multilevel lumbar disc bulge and degenerative disc disease, spondylolisthesis of L5 on S1, lumbar facet syndrome, status post lumbar fusion of L4-L5 and L5-S1 and chronic depression. Treatment to date has included oral pain medication, intrathecal pump placement and surgery. In a progress note dated 12/04/2014 the injured worker complained of neuropathic pain affecting the left anterior thigh that was described as burning with numbness and tingling, low back pain and muscle spasms. The pain was rated as 10/10 without medication and 6/10 with medication. The injured worker reported 40% improvement of pain with the use of intrathecal and oral medication with improved ability to perform activities of daily living. Objective examination findings were notable for tenderness over the mid to lower bilateral lumbar paraspinal musculature with muscles spasms, slight tenderness over the right posterior superior iliac spine and hypesthesia in the left anterior thigh and bilaterally in the L5-S1 dermatomes. The physician noted that a request to continue Diazepam for insomnia and muscle spasms was being made and a request to continue Zolpidem was being made for insomnia due to pain. On 12/17/2014, Utilization Review non-certified a request for Diazepam noting that this medication is not used for muscles spasms or insomnia and is not recommended for long term use. The UR physician modified a request for Zolpidem from 10 mg #15 x 1 to 10 mg #15 x 1 to certify 10 tabs noting that there was no documentation of insomnia for the injured worker but that the medication

should not be abruptly discontinued due to risk of withdrawal symptoms. ODG, FDA and peer reviewed guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg #15 times 1: 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) (Pain Chapter); FDA (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain / Insomnia Treatment

Decision rationale: MTUS does not discuss this medication. Official Disability Guidelines/ Treatment in Workers's Compensation/Pain/ Insomnia Treatment does discuss Ambien/Zolpidem. This guideline notes that Zolpidem/Ambien is indicated for short-term use, generally up to 10 days. Treatment guidelines do not recommend this medication for ongoing or chronic use; the records in this case do not provide a rationale for an exception to this guideline. This request is not medically necessary.

Diazepam 10 mg #15 times 1: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline; diazepam is not reported to be beneficial on a chronic basis for muscle spasms or insomnia. This request is not medically necessary.