

Case Number:	CM15-0009619		
Date Assigned:	01/27/2015	Date of Injury:	08/21/2009
Decision Date:	04/02/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 male (date of birth not specified) who reported an injury on 08/21/2009. The mechanism of injury was not provided. His diagnoses include thoracic or lumbosacral neuritis or radiculitis and postlaminectomy syndrome of the cervical region. Past treatments were noted to include medications and surgery. Surgical history was noted to include a laminectomy and fusion of the lumbar spine, performed on 09/30/2014. On 10/04/2014, a discharge summary report indicated the injured worker had low back pain postoperatively. There are no quantitative objective findings on physical examination. Current medications were not included. A request was received for Valium 5 mg #60 and Ambien 5 mg #30 without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24,66.

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for more than 4 weeks. The clinical documentation submitted for review did not provide documentation for this request and there was no rationale for the medication. Additionally, it was not indicated how long the injured worker had been on this medication nor its efficacy. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Valium 5 mg #60 is not medically necessary.

Ambien 5mg #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) Treatment in Workers Compensation, Work Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien).

Decision rationale: According to the Official Disability Guidelines, Ambien is to treat insomnia and not to exceed 10 days. The clinical documentation submitted for review did not indicate the injured worker had insomnia nor how long the injured worker had been on this medication. Moreover, its efficacy was not provided. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request did not specify a duration and frequency of use. As such, the request for Ambien 5 mg #30 is not medically necessary.