

Case Number:	CM15-0182683		
Date Assigned:	09/23/2015	Date of Injury:	11/25/2007
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female injured worker suffered an industrial injury on 11-25-2007. The diagnoses included failed neck syndrome with torticollis, migraine and cervical headaches with torticollis, complex regional pain syndrome of the legs and pelvis and cervical and lumbar spondylosis. On 6-23-2015, the treating provider reported she continued to have severe and painful spasms of the pelvis floor, lower back and legs with the latter being flexed up involuntarily beneath her. At the same time, the toes will extend in a painful matter. She was also having problems with the right knee and nerve pain along the anterior thigh. On exam, she had diffuse pain in the muscles and joints. Her legs still have paroxysmal color and temperature changes. There was spasms and pain of the paraspinal muscles and trapezius areas with decreased carotid pulses. The distal legs and feet were cyanotic and positive straight leg raise with spasms and tenderness of the lumbar spine. Prior treatments included spinal cord stimulator trial and medication. The Utilization Review on 8-18-2015 determined modification for 30 tablets to 7 tablets of Ambien 12.5mg, 90 tablets to 19 tablets of Diazepam 5mg and non-certification of 10 tablets of Imitrex 100mg with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Ambien 12.5mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The injured worker has been taking Ambien for an unknown period without documentation of the effects it has had on the injured worker's sleep patterns. The request for 30 tablets of Ambien 12.5mg is determined to not be medically necessary.

90 tablets of Diazepam 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. Per the available documentation, the injured worker has been prescribed this medication since 5/14/13, which is not supported by the guidelines. In addition, there is no evidence that she has failed with a trial of an antidepressant. The request for 90 tablets of Diazepam 5mg is determined to not be medically necessary.

10 tablets of Imitrex 100mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter/Triptans Section.

Decision rationale: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. In this case, although the injured worker is diagnosed with headaches, there is no evidence that she suffers from migraine-type headaches. The request for 10 tablets of Imitrex 100mg with 1 refill is determined to not be medically necessary.