

Case Number:	CM15-0198959		
Date Assigned:	10/14/2015	Date of Injury:	01/08/1987
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This is a 64 year old male with a date of injury of January 8, 1987. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago and insomnia. Medical records dated June 12, 2015 indicate that the injured worker complained of lower back pain with associated bilateral sciatica. Records also indicate that the injured worker reported the medications were effective. A progress note dated September 4, 2015 documented complaints of pain rated at a level of 9 out of 10. The physical exam dated June 12, 2015, 2015 reveals use of a cane, mild tenderness over the lumbosacral spine, decreased range of motion of the lumbar spine, and full lower extremity strength. The progress note dated September 4, 2015 documented a physical examination that showed use of a cane, with the remainder of the examination being deferred. Treatment has included medications (Alprazolam 0.5mg three times a day, Hydrocodone-Acetaminophen 10-325mg two tablets three times a day, and Zolpidem 10mg two tablets at bedtime since at least April of 2015) and lumbar spine fusion with subsequent hardware removal. Recent urine drug screen results were not documented in the submitted records. The original utilization review (September 14, 2015) non-certified a request for Alprazolam 0.5mg #90 and Zolpidem 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #90: 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), Benzodiazepines.

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

Decision rationale: Per the guidelines, benzodiazepenes are 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. The MD visit does not document any significant improvement in pain or functional status or a discussion of side effects specifically related to alprazolam to justify use. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, the records do not document medical necessity.

Zolpidem 10mg #60: 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 Uptodate: treatment of insomnia and drug information - Zolpidem.

Decision rationale: Zolpidem (Ambien) is used for the short-term treatment of insomnia that have difficulty with sleep onset. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for zolpidem.