

Case Number:	CM15-0080196		
Date Assigned:	05/01/2015	Date of Injury:	05/06/1998
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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 injured worker (IW) is a 47-year-old female who sustained an industrial injury on 05/06/1998. Diagnoses include reflex sympathetic dystrophy and complex regional pain syndrome of the upper and the lower extremities. Treatment to date has included physical therapy, aquatic therapy, left arm surgery and acupuncture. Diagnostics included x-rays. According to the office visit notes dated 3/25/15, the Injured Worker reported her symptoms were becoming worse; she was taking only a few steps and was otherwise in a wheelchair or in bed. She rated pain in the upper and lower extremities 8/10. A request was made for Ambien 5mg, #30 due to insomnia and Diazepam 10mg, #90 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30: 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 Pain - Insomnia Treatment.

Decision rationale: MTUS Guidelines do not address this issue. Updated ODG Guidelines address this issue in detail and note that select hypnotic medications may be reasonable long term for insomnia related to chronic pain. However, Ambien is not one of the recommended hypnotics for long term use. Other Guideline supported medications are available for treatment of chronic insomnia. There are no unusual circumstances to justify an exception to Guidelines. The Ambien 5mg. #30 is not medically necessary.

Diazepam 10mg #90: 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: MTUS Guidelines do not support the long term (over 4 weeks) use of Benzodiazepines for problems associated with chronic pain i.e. muscle spasm, insomnia or anxiety. This is due to the availability of safer alternative medications. Benzodiazepines are highly addictive and tolerance develops in a short length of time. The Diazepam 10mg. #90 is not supported by Guidelines and is not medically necessary.