

Case Number:	CM15-0081770		
Date Assigned:	05/04/2015	Date of Injury:	07/23/2013
Decision Date:	06/08/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 57 year old female, who sustained an industrial injury on 7/23/13. She reported a left hip injury. The injured worker was diagnosed as having lumbar (HNP) herniated nucleus pulposus and arthritis. Treatment to date has included left total hip arthroplasty and revision, physical therapy, activity restrictions and oral medications. Currently, the injured worker states she is doing okay and has improved activities of daily living. Physical exam noted decreased paraspinal spasm, improved range of motion and decreased tightness and stiffness. The treatment plan included prescriptions for Ambien, Xanax and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-benzodiazepines.

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

Decision rationale: The patient presents with right hip and right ankle pain. The request is for AMBIEN 12.5MG #30. The provided RFA is dated 03/31/15 and the date of injury is 07/23/13. The diagnoses include lumbar (HNP) herniated nucleus pulposus and arthritis and revision left total hip arthroplasty (10/29/14). Treatment to date has included left total hip arthroplasty and revision, physical therapy, activity restrictions and oral medications. Medications include Ambien, Xanax and Valium. The patient is working full duty, per 03/19/15 report. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" In regard to the continuation of Ambien for this patient's insomnia secondary to pain, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Ambien since at least 01/03/12, though there is no documentation of efficacy in the subsequent reports. ODG does not support the use of this medication for longer than 7-10 days, the requested 30 tablets in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.

Xanax 1mg #60: Upheld

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

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

Decision rationale: The patient presents with right hip and right ankle pain. The request is for XANAX 1MG #60. The provided RFA is dated 03/31/15 and the date of injury is 07/23/13. The diagnoses include lumbar (HNP) herniated nucleus pulposus and arthritis and revision left total hip arthroplasty (10/29/14). Treatment to date has included left total hip arthroplasty and revision, physical therapy, activity restrictions and oral medications. Medications include Ambien, Xanax and Valium. The patient is working full duty, per 03/19/15 report. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines. Progress notes indicate that this patient has been prescribed Xanax since at least 01/03/12, though there is no documentation of efficacy in the subsequent reports. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. Furthermore, the requested 60 tablet prescription does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

Valium 10mg #60: Upheld

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

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

Decision rationale: The patient presents with right hip and right ankle pain. The request is for VALIUM 10MG #60. The provided RFA is dated 03/31/15 and the date of injury is 07/23/13. The diagnoses include lumbar (HNP) herniated nucleus pulposus and arthritis and revision left total hip arthroplasty (10/29/14). Treatment to date has included left total hip arthroplasty and revision, physical therapy, activity restrictions and oral medications. Medications include Ambien, Xanax and Valium. The patient is working full duty, per 03/19/15 report. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." In regard to the continuation of Valium for this patient's anxiety, the requesting provider has exceeded guideline recommendations. Progress notes indicate that this patient has been prescribed Valium since at least 01/03/12, though there is no documentation of efficacy in the subsequent reports. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. Furthermore, the requested 60 tablet prescription does not imply short duration therapy. Therefore, the request IS NOT medically necessary.