

Case Number:	CM14-0112673		
Date Assigned:	09/16/2014	Date of Injury:	10/10/2008
Decision Date:	10/24/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 57 year-old individual was reportedly injured on October 10, 2008. The most recent progress note, dated August 21, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated a minimal improvement in lumbar range of motion, and increased activities of daily living. Diagnostic imaging studies were not presented for review. Previous treatment includes lumbar spine surgery, multiple medications, physical therapy, and other pain management interventions. A request had been made for several medications and was denied in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal Ambien 10 MG Quantity 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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, (Updated October, 2014).

Decision rationale: As outlined in the ODG (MTUS/ACOEM do not address) this is a short acting, Non-Benzodiazepine hypnotic, which is approved for short-term treatment (up to 6 weeks) the treatment of insomnia. The most recent progress note indicates the Ambien is not being effective and not achieving its intended effect. Therefore, when noting the parameters outlined in the ODG tempered by the progress note reviewed, there is no medical necessity for the continuing use of this medication.

Appeal of Xanax 0.25 MG Quantity 15: 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: Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. The record reflects that this medication is being prescribed for long term use. There is no recent documentation of improvement in functionality with the use of this medication. Furthermore, the record does not reflect that an opioid agreement or urine drug screening protocols are being utilized. Therefore, this request is not medically necessary.