

Case Number:	CM14-0147249		
Date Assigned:	09/15/2014	Date of Injury:	09/05/2001
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/10/2014

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 & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old female with a reported date of injury on 09/05/2001. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include myalgia and myositis, cervical disc degenerative disease, lumbar/lumbosacral degenerative disc disease, neck sprain, and lumbar region sprain. Her previous treatments were noted to include physical therapy, trigger point injections, and medications. The progress note dated 08/20/2014 revealed complaints of low back pain that radiated down the bilateral lower extremities. The injured worker complained of cervical spine pain with increased spasms. The physical examination revealed palpable trigger points within the bilateral cervical paraspinal and trapezius muscles. Her medication regimen was noted to include Ambien CR 12.5 mg 1 tablet by mouth at bedtime as needed for sleep times 30 days and Valium 10 mg take 1 tablet by mouth daily as needed for anxiety times 30 days. The Request for Authorization form dated 08/20/2014 was for Valium 10 mg #30 for anxiety and Ambien tartrate ER 12.3 mg #21 for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem tartrate ER 12.5mg #21: 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), Pain Chapter, Zolpidem (Ambien)

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

Decision rationale: The request for Zolpidem titrate ER 12.3 mg #21 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The Official Disability Guidelines recommend zolpidem as a short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually 2 to 6 weeks) treatment of insomnia. Appropriate sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, chronic pain specialists rarely, if ever, recommend them for long term use. They can be habit forming, and they may impair function and memory more often than opioid pain relievers. There was also concern that they may increase pain and depression over the long term. There was a lack of documentation regarding efficacy and improved functional status with the utilization of this medication. The Guidelines do not recommend long term use of this medication and the injured worker has been using this medication for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Zolpidem titrate ER 12.3 mg #21 is not medically necessary.

Diazepam 10mg #30: 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: The request for Diazepam 10 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, the continued use would not be supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Diazepam 10 mg #30 is not medically necessary.