MAXIMUS Federal Services

Case Number:	CM14-0162473		
Date Assigned:	10/07/2014	Date of Injury:	08/23/2011
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington. 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 36-year-old male who reported injury on 08/23/2001. Reportedly the injured worker fell when his right leg gave out on him. He injured his left ribcage and apparently injured his left elbow and right foot in the fall. The injured worker's treatment history included medications, x-rays of his neck, MRI studies, and urine drug screen. The injured worker had a urine drug screen on 04/28/2014 positive for Xanax and benzodiazepine opioid usage. The injured worker was evaluated on 09/04/2014 and it was documented the injured worker had been experiencing memory lasting up to 45 minutes at the time since the car accident that he sustained in October because he hit his head and struck it against the seat in front of him. He had been experiencing some short term memory deficits since the accident as well. The lapses in his memory are not occurring any longer although he still had some problems with short term memory. The injured worker's medications include OxyContin 30 mg, with oxycodone 30 mg, and Ambien 10 mg with Xanax for the panic attacks. The injured worker denied any nausea, dizziness or constipation with medication. He experiences some sedation with Ambien. The injured worker previously received Lunesta although he had discontinued the medication due to fatigue from his sinus infections. The injured worker noted approximately 50% reduction in pain with the use of medications. The injured worker stated that his pain without his medications is approximately 8/10 in intensity. The injured worker had previously failed a trial of Librium, which the provider had attempted as an alternative to the injured worker's Xanax. The physical examination of the left wrist revealed slight tenderness diffusely, with slightly reduced palmar flexion, the injured worker had prominent tenderness to palpation noted at the left ribcage at approximately at the T6-T9 levels. Cervical spine examination revealed tenderness to palpation at the right cervical paraspinal regions. Spurling maneuver was negative bilaterally. Range of motion in the cervical spine was within normal limits in all planes.

Lumbar spine examination revealed prominent tenderness was noted in the lower lumbar spine and bilateral lower lumbar paraspinal regions. Finger to the floor distance testing was referred. Seated straight leg raise was negative bilaterally although significantly exacerbated the injured worker's back pain. Diagnoses included a lumbar disc disease degeneration, status post L4-5 and L5-S1, active knee fusion with instrumentation, chronic low back pain, and lumbar radiculitis, right sided, pain related insomnia, resolving, pain related depression, and right foot sprain. The request for Authorization dated 09/04/2014 was for Ambien 10 mg, and Xanax 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10MG #30: Upheld

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

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

Decision rationale: The request for Ambien 10 mg # 30 is not medically necessary. The Official Disability Guidelines (ODG) states that Ambien is a prescription short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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. The documentation that was submitted for review lacked evidence on the duration the injured worker has been on Ambien. In addition, the request did not include the frequency or duration for the medication for the injured worker. The guidelines do not recommend Ambien for long-term use. Therefore, the continued use of Ambien is not supported. As such the request is not medically necessary.

Xanax 2mg #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)

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

Decision rationale: The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. Furthermore, the request lacked frequency and duration of the medication. In addition, there was lack of evidence providing outcome measurements for the injured worker to include, pain medication management, and a home exercise regimen. As such, the request for Xanax is not medically necessary.