

Case Number:	CM14-0180232		
Date Assigned:	11/04/2014	Date of Injury:	11/21/2001
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine and is licensed to practice in California. 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:

This is a case of a 61 year old male with a date of injury of 11/21/2001. The patient was driving a garbage truck when something got stuck in the back of the truck. He went to fix it and slipped on some grease and fell, injuring his lower back, neck and shoulder. He has undergone various modalities of treatment including physical therapy, aquatic therapy, medication therapy, home exercise program, and exercise. He subsequently underwent L5-S1 fusion in 2002 and 2003. He also had L4-L5 fusion on 10/16/2012. According to the Primary Treating Physicians Report dated 10/2/2014, the patient came in for further evaluation of low back pain that radiated down the left anterior thigh to about the knee level. He was diagnosed with myalgia paresthesia. The patient reported extreme pain and difficulty walking more than one block. He still had symptoms going down the legs which were not tolerable. There was no weakness in his lower extremities, but he did have limited range of motion due to pain. On physical examination, the patient was overweight. The femoral stretch test was positive for reproducing the symptoms on the anterior thigh. The plan was to continue with Ambien 10 mg, Xanax 1mg, and a trial of Norco 10-325 mg twice a day. He was recommended 6 sessions of physical therapy for myalgia paresthesia. He was given some stretch exercises he can do at home. It was also recommended that the patient have electromyography and nerve conduction study of the left lower extremity for evaluation of L3 versus myalgia paresthesia. The patient was diagnosed with low back pain, neck pain, and left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Ambien: 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)

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

Decision rationale: The Official Disability Guidelines state that Ambien can cause more cognitive dysfunction than opiates, which are well known to cause cognitive dysfunction. Ambien is intended according to guidelines for short term use. In this case, the patient has been on Ambien for a prolonged period of time and a limited quantity refill was given in order to taper off of this medication and possibly onto a different medication. Also, the dose, quantity and duration of treatment with Ambien was not specified in the above request. Therefore, based on ODG guidelines and the evidence in this case, the request for Ambien is not medically necessary.

1 Prescription for Xanax: 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 Benzodiazepines Page(s): 24.

Decision rationale: Based on MTUS guidelines, benzodiazepines are not recommended 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. In this case, the patient has been on Xanax for more than 4 weeks and chronic use of benzodiazepines is not recommended for long-term use. Also, the dose of Xanax and the quantity and duration were not indicated in the above request. Therefore, based on MTUS guidelines and the evidence in this case, the request for Xanax is not medically necessary.