

Case Number:	CM14-0029678		
Date Assigned:	06/16/2014	Date of Injury:	11/04/1993
Decision Date:	08/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/07/2014

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, 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 54-year-old female with a reported date of injury of 11/04/1993. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with increased neck pain. Upon physical examination, the injured worker presented with tenderness of the cervical vertebrae, with significant spasm in the cervical and trapezius area. The Range of motion of the neck revealed decreased flexion, extension, and lateral rotation. Previous conservative care included physical therapy; the results of which were not provided within the documentation available for review. Unofficial cervical spine x-rays revealed mild disc narrowing space at C5-6. The injured worker's diagnosis included lumbago. The injured worker's medication regimen included Skelaxin, Norco, Diazepam, Zolpidem, and Ibuprofen. The request for authorization for Diazepam 10 mg, Hydrocodone 5/500 mg, Ibuprofen 800 mg, and Zolpidem 10 mg was submitted on 03/07/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAZEPAM 10MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend Benzodiazepines for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. According to the clinical documentation provided for review, the injured worker has utilized diazepam prior to 10/14/2013. The clinical note dated 07/23/2013 indicates the injured worker had muscle spasms to the trapezius musculature. The clinical note dated 01/20/2014 indicates the injured worker has a stabbing pain in her neck with decreased range of motion. The functional and therapeutic benefit is not documented within the clinical information provided for review. In addition, the California MTUS Guidelines do not recommend long-term use of Diazepam. The request for continued use of Diazepam exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Diazepam 10 mg is not medically necessary.

HYDROCODONE 5/500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation provided for review, the injured worker has utilized Norco prior to 10/14/2013. The clinical information provided for review lacks documentation related to the functional therapeutic benefits in the long-term use of Norco. The clinical information lacks documentation of the injured worker's functional deficits to include range of motion values in degrees. In addition, the clinical information lacks documentation of decreased pain, increased level of function, or improved quality of life. The request as submitted failed to provide frequency and directions for use. Therefore, the request for hydrocodone 10/500 mg is not medically necessary.

IBUPROFEN 800MG: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for chronic low back pain as an option for short-term symptomatic relief. Cochrane review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as Acetaminophen, narcotic, analgesics, and muscle relaxants. According to the clinical information provided for review, the injured worker has utilized Ibuprofen prior to 10/14/2013. There is a lack of documentation related to the injured worker's functional deficits to include range of motion in degrees and the use of a Visual Analog Scale (VAS) pain scale. The clinical information provided for review lacks documentation related to the functional and therapeutic benefit in the long-term use of Ibuprofen. The request for continued use of Ibuprofen 800 mg exceeds the recommended guidelines. Therefore, the request for Ibuprofen 800 mg is not medically necessary.

ZOLPIDEM 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation SAMHSA ,MENTAL CHAPTER.

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 Official Disability Guidelines recommend Zolpidem for short-term treatment of insomnia (usually 2 to 6 weeks). 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 opiate pain relievers. According to SAMHSA, zolpidem is linked to a sharp increase in emergency department visits, so it should be used safely for only a short period of time. According to the documentation provided for review, the injured worker has utilized Ambien prior to 10/14/2013. There is a lack of documentation related to the injured worker's sleep hygiene. The clinical information provided for review lacks documentation related to the therapeutic functional benefit in the long-term use of Ambien. In addition, the Official Disability Guidelines approve the use of Zolpidem for the short-term (usually 2 to 6 weeks) treatment of insomnia. The request as submitted failed to provide the frequency and directions for use. The request for continued use of Zolpidem exceeds recommended guidelines. Therefore, the request for Zolpidem 10 mg is not medically necessary.