

Case Number:	CM15-0012280		
Date Assigned:	01/29/2015	Date of Injury:	09/30/2000
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 38 year old male, who sustained an industrial injury on 09/30/2000. He has reported headaches and low back pain. The diagnoses have included lumbosacral sprain/strain; lumbar radiculitis; and headache. Treatment to date has included medications and surgical intervention. Medications included Norco, Propranolol, and Zolpidem. A progress note from the treating physician, dated 11/28/2014, documented a follow-up visit with the injured worker. The injured worker reported constant headache that is typically left frontal or left posterior in locations; relieved temporarily with Norco; headaches are less severe since starting treatment with Propranolol; difficulty falling asleep and staying asleep, and is partially relieved with Zolpidem; and low back pain. Objective findings included tenderness to palpation of the cervical paraspinal muscles bilaterally with slight spasm. The treatment plan has included prescription for Propranolol and Zolpidem; and follow-up evaluation in four weeks. On 12/22/2014 Utilization Review noncertified 1 prescription of Propranolol 40 mg #60; and modified 1 prescription of Zolpidem 10 mg #30, to a prescription of Zolpidem 10 mg #15. The ODG and the National Guideline Clearinghouse were cited. On 12/26/2014, the injured worker submitted an application for IMR for review of 1 prescription of Propranolol 40 mg #60; and 1 prescription of Zolpidem 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propranolol 40mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse: Guideline Development Group (GDG). Toward Optimized Practice. Guidelines for primary care management of headache in adults. Edmonton (AB): Toward Optimized Practice; 2012 Jul. 71. [28 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Propranolol

Decision rationale: According to ODG guidelines, Propranolol "Recommended. Propranolol is a strongly anabolic drug that is recommended for use during the early, hypercatabolic period after burn, as it lessens hypermetabolism and reverses muscle-protein catabolism. (Hart, 2002) (Herndon, 2001)" Propranolol is used in case of essential tremor, angina, hypertension and coronary artery disease. There is no clear documentation in the patient file of any of the above conditions. Therefore the request of Propranolol 40mg #60 is not medically necessary.

Zolpidem 10 mg #30: 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 ODG Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduled IV controlled substances, which mean they have potential for abuse and dependency". Zolpidem is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Zolpidem 10 mg #30 is not medically necessary.