

<b>Case Number:</b>	CM15-0126658		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	06/14/2001
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 64 year old female who sustained an industrial injury on 06/14/01. Initial complaints and diagnoses are not available. Treatments to date include medications and therapy. Diagnostic studies are not addressed. Current complaints include chronic bilateral shoulder pain. Current diagnoses include includes chronic bilateral shoulder pain/osteoarthritis /myofascial pain syndrome, pain disorder with psychological/medical condition, and insomnia due to chronic pain. In a progress note dated 05/15/15 the treating provider reports the plan of care as a MRI of the right shoulder, physical therapy to the bilateral shoulders, and medications including Methadone, Norco, Oxycodone, Ambien, Diazepam, Compazine, and Lexapro. The requested treatments include Compazine, Ambien, and Diazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compazine 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Compazine 10 mg #180 is not medically necessary. Compazine is a phenothiazine type antiemetic. It is recommended as a sedative and anti-emetic in preoperative and postoperative tuitions. Multiple central nervous system effects are noted including somnolence, confusion and sedation and tardive dyskinesia. In this case, the injured worker's working diagnoses are chronic bilateral shoulder pain, osteoarthritis; myofascial pain syndrome; pain disorder versus psychological/general medical condition; and insomnia, persistent chronic pain. The date of injury is June 14, 2001. The request for authorization is dated May 29, 2015. Documentation from a July 29, 2010 progress note shows the treating provider prescribed Ambien, Valium, oxycodone, methadone and Norco. According to a May 27, 2014 progress note the treating provider added Opana ER, Compazine to the existing Ambien, Valium, oxycodone, methadone and Norco. According to the May 15, 2015 progress note the injured worker subjectively complains of bilateral chronic shoulder pain. There were no pain scores documented in the medical record. The morphine equivalent dose is 1175 (up to 120 normal range). Compazine is recommended as a sedative and anti-emetic in preoperative and postoperative tuitions. Multiple central nervous system effects are noted including somnolence, confusion and sedation and tardive dyskinesia. Compazine is not clinically indicated for opiate induced nausea. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guidelines on recommendations, Compazine 10 mg #180 is not medically necessary.

**Diazepam 5mg #120 refills 2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diazepam 5 mg #120 with two refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are chronic bilateral shoulder pain, osteoarthritis; myofascial pain syndrome; pain disorder versus psychological/general medical condition; and insomnia, persistent chronic pain. The date of injury is June 14, 2001. The request for authorization is dated May 29, 2015. Documentation from a July 29, 2010 progress note shows the treating provider prescribed Ambien, Valium, oxycodone, methadone and Norco. According to a May 27, 2014 progress note the treating provider added Opana ER, Compazine to the existing Ambien, Valium, oxycodone, methadone and Norco. According to the May 15, 2015 progress note the injured worker subjectively complains of bilateral chronic shoulder pain. There were no pain scores documented

in the medical record. The morphine equivalent dose (MED) is 1175 (up to 120 normal range). Diazepam was started July 2010. Diazepam is not recommended for long-term use (longer than two weeks). Diazepam was continued in excess of five years. There are no compelling clinical facts documented in the medical record to support the ongoing use of diazepam. Consequently, absent compelling clinical documentation demonstrating objective functional improvement, compelling clinical facts to support the ongoing use of Valium and guideline non-recommendations for long-term use, Diazepam 5 mg #120 with two refills is not medically necessary.

**Ambien 10mg #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 - 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 section, Ambien.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are chronic bilateral shoulder pain, osteoarthritis; myofascial pain syndrome; pain disorder versus psychological/general medical condition; and insomnia, persistent chronic pain. The date of injury is June 14, 2001. The request for authorization is dated May 29, 2015. Documentation from a July 29, 2010 progress note shows the treating provider prescribed Ambien, Valium, oxycodone, methadone and Norco. According to a May 27, 2014 progress note the treating provider added Opana ER, Compazine to the existing Ambien, Valium, oxycodone, methadone and Norco. According to the May 15, 2015 progress note the injured worker subjectively complains of bilateral chronic shoulder pain. There were no pain scores documented in the medical record. The morphine equivalent dose (MED) is 1175 (up to 120 normal range). Ambien appears in a progress note dated July 29, 2010. This is not necessarily the starting date for Ambien 10 mg. The documentation indicates the injured worker suffers with insomnia. However, the guidelines recommend short-term (7 - 10 days) treatment of insomnia. There are no compelling clinical facts supporting the use of ongoing Ambien in excess of five years. Consequently, absent compelling clinical facts to support the ongoing use of Ambien, documentation demonstrating objective functional improvement and guidelines on recommendations for long-term use, Ambien 10 mg #30 is not medically necessary.