

Case Number:	CM15-0170029		
Date Assigned:	09/10/2015	Date of Injury:	08/25/2008
Decision Date:	10/15/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old male who sustained an industrial injury August 25, 2008. Past history included status post L4-S1 anterior and posterior fusion with cage and instrumentation March 13, 2013, hypertension, and GERD (gastroesophageal reflux disease). Diagnoses are lumbar disc degeneration with chronic low back pain; bilateral post-operative L4 radiculopathy; history of congenital stenosis of the lumbar spine; chronic intractable pain; L4 foraminal stenosis bilaterally. According to a primary treating physician's progress report, dated August 3, 2015, the injured worker presented for an early evaluation for medication refill. He is pending scheduling for an approved bilateral L4 foraminotomy, osteotomy at L4 and possible sacroiliac joint fusion. He complains of low back pain, rated 4-5 out of 10, bilateral hip pain, rated 9 out of 10, bilateral leg pain, rated 5 out of 10, bilateral shoulder pain, rated 2-4 out of 10, and bilateral foot pain, rated 3-4 out of 10. Current medication included Prilosec, Ambien, Valium, Lyrica, Bactrim, Dilaudid, and OxyContin. Objective findings included; lumbar spine and lower extremities-antalgic gait pattern and uses a front wheeled walker for ambulation; no tenderness of the paravertebral muscles bilaterally or sacroiliac joints or sciatic notches bilaterally, no tenderness over the flanks bilaterally or the coccyx; mild hypersensitivity over the right L4 and decreased over the right S1 dermatome distributions. Treatment plan included proceeding with approved procedure, refill of medication; Lyrica, Ambien, and Valium, and notation of no aberrant behavior noted with medication or adverse side effects, consistent with follow-up care and a current pain contract is on file. At issue, is the request for authorization, dated August 3, 2015, for Ambien 10mg #30 and Valium 5 mg # 60 (Lyrica not subject for

review, approved). According to utilization review performed August 11, 2015, the request for Ambien 10mg QTY: 30, was modified to Ambien 10mg QTY: 20 and the request for Valium 5mg QTY: 60, was modified to Valium 5mg QTY: 30. A notation is noted; Lyrica 100mg QTY: 60, no utilization review performed, as approved by claims administrator.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On-line, Official Disability Guidelines (ODG) Treatment in Workers Compensation 5th Edition Pain (Chronic) 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 (Chronic), Zolpidem (ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem 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." With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 1/2015. The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, and sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. Furthermore, hypnotics are not recommended for long-term use. The request is not medically necessary.

Valium 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, 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. The documentation submitted for review indicates that the injured worker has been using this medication long term since at least 1/2015. As the treatment is not recommended for long-term use, the request is not medically necessary.