

Case Number:	CM15-0178482		
Date Assigned:	09/18/2015	Date of Injury:	08/11/2008
Decision Date:	10/29/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/10/2015

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

Certification(s)/Specialty: Family Practice

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 59 year old male sustained an industrial injury on 8-11-08. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain, lumbar degenerative disc disease, chronic pain and recurrent superficial thrombosis of the lower extremity. Previous treatment included lumbar fusion, physical therapy, acupuncture, aqua therapy, massage, injections, spinal cord stimulator and medications. Magnetic resonance imaging lumbar spine (6-9-10) showed a remote L5 hemi-laminectomy with multilevel broad based disc bulge, facet hypertrophy and neural foraminal narrowing. In a progress note dated 1-18-15, the injured worker presented as an emergency drop-in patient with severe spasms in the lumbar spine and aching down the leg. The injured worker was having difficulty driving, standing and walking. The physician noted that Diazepam had worked in the past. The injured worker's goal was to get off the opiates. Physical exam was remarkable for tight, tender spasms over the lumbar paraspinal musculature with twitch response triggers. The treatment plan included trigger point injections, acupuncture, massage, physical therapy and a prescription for Diazepam. In a qualified medical evaluation dated 2-2-15, the physician noted that the injured worker's sleep was "completely" disturbed with 5 to 7 hours of sleeplessness per night. The injured worker's Epworth scale was 16. In a PR-2 dated 8-5-15, the injured worker complained of low back pain with spasms, rated 8 to 9 out of 10 on the visual analog scale. The injured worker could sit for 15 minutes, stand for 25 minutes, walk for 15 minutes and lift up to 20 pounds. Physical exam was remarkable for lumbar spine with moderate to severe spasms in bilateral paraspinal musculature and ligaments with multiple trigger points which elicited a twitch response and referred pain up to the lower thorax and dysesthesias to bilateral feet, Range of motion testing was deferred due to spasm. The injured worker received trigger point injections during the office visit. The

treatment plan included refilling medications (Diazepam and Zolpidem). On 8-21-15, Utilization Review noncertified a request for Zolpidem Tartrate 5mg and modified a request for Diazepam 5mg #60 to Diazepam 5mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 5mg QTY: 60.00: 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: According to the MTUS Chronic Pain Medical Treatment 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. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, diazepam is being prescribed for spasm and per the MTUS guidelines, tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Diazepam 5mg QTY: 60.00 is not medically necessary and appropriate.

Zolpidem tartrate 5mg QTY: 90.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 Chapter/ Zolpidem.

Decision rationale: According to ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Per ODG, these medications 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. According to SAMHSA, Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The request for Zolpidem tartrate 5mg QTY: 90.00 is not medically necessary and appropriate.