

Case Number:	CM13-0003836		
Date Assigned:	01/15/2014	Date of Injury:	12/22/2000
Decision Date:	06/23/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/26/2013

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 Internal Medicine and is licensed to practice in California. 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 claimant sustained a work injury on 12/22/2000. Her diagnoses include chronic pain of the head, neck, left shoulder, right buttock and lower back according to the notes of [REDACTED] and his colleagues in Pain Management. Further, her past history in these documents includes PTSD and she is reportedly seeing a mental health professional every month. Additionally, several of the notes from the Pain Management Specialist indicate that the claimant has obtained relief with Ambien for insomnia (for instance the note from 10/28/2013) and that she is using Clonazepam PRN for panic attacks and that Xanax is helping her with anxiety. She has been in care since 6/8/2012 and was last seen on 12/30/2013. She has been on Lexapro 20mg orally daily, Xanax 1 mg orally PRN one or two per day, Clonazepam 0.5 mg every BID PRN, Ambien 5 mg one or two every night as needed, Hydrochlorothiazide 50 mg for hypertension and Oxycodone 5 mg orally PRN every six hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF AMBIEN 5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness (Section I)

Decision rationale: The criteria for diagnosis of PTSD, anxiety disorder, panic attacks and insomnia are not documented in the chart. The ODG guidelines specifically state in the section on mental illness (Section I) that objective diagnostic criteria are a pre-requisite to assessing the appropriateness of therapy. Such criteria typically include DSM IV criteria at a minimum and formal psychological assessment or psychiatric assessment. Further, the guidelines explicitly recommend the use of validated and standardized instruments to assess response to therapy and the need for modification of therapy. Zolpidem is a short-acting nonbenzodiazepine hypnotic indicated for the short-term treatment (two to six weeks) for managing insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Zolpidem may be habit forming. Therefore, the request for prescription of Ambien 5mg is not medically necessary and appropriate.

PRESCRIPTION OF CLONAZEPAM 0.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness (Section I)

Decision rationale: Per the medical documentation, Clonazepam and Alprazolam are being utilized for anxiety disorder and panic attacks, the ODG guidelines state formally under the "Medications" section that long term use of benzodiazepines is not recommended due to the risk for psychological dependence and abuse. Benzodiazepines lack an anti-depressant effect and the presence of significant sedation is another reason to disfavor long term therapy with these agents. The claimant has been on this therapy since at least 6/8/2012 through 12/30/2013, based on notes. Long term benzodiazepine therapy is only recommended in anxiety disorder as an adjuvant to selective serotonin reuptake inhibitors when the latter do not produce an adequate effect despite an adequate therapeutic trial of two separate agents. Benzodiazepines are not recommended for the treatment of PTSD according to the ODG guidelines. Therefore, the request for prescription of Clonazepam 0.5mg is not medically necessary and appropriate.