

Case Number:	CM13-0022818		
Date Assigned:	11/15/2013	Date of Injury:	08/31/1999
Decision Date:	01/06/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Medicine, Pulmonary Diseases 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 physician 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.

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 patient is a 55-year-old female who reported an injury on 08/31/1999. Notes indicate that the patient has complaints of neck and right shoulder pain, with worsening of symptoms with activity. Notes indicate in prior treatment history that the patient has had a shoulder joint injection, which provided significant relief for 2 months. Evaluation of the patient's neck complaints indicated radiating symptoms of bilateral upper and mid-trapezius muscles. The patient had positive foraminal compression pain with positive Spurling's maneuver. The patient also had increased spasms to the right upper and mid-trapezius muscles and scalene muscles. Clinical evaluation of the patient on 07/12/2012 indicated a request for authorization for Ativan 1 mg and zolpidem 10 mg for symptomatic relief of anxiety and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The Physician Reviewer's decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, states that benzodiazepines such as Ativan; 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. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. However, while clinical notes from 07/12/2013 indicate that the patient was prescribed this medication for symptomatic relief of anxiety, a urine drug screen from 10/01/2012 indicates that the patient had been prescribed Xanax 1 mg since at least that date. The request for Ativan 1 mg, quantity: 60, is not medically necessary and appropriate.

Zolpidem 10mg #30: 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) Pain Chapter, Zolpidem..

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM Guidelines do not specifically address Zolpidem. However, the Official Disability Guidelines state that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. However, while the documentation submitted for review indicates that the patient is prescribed zolpidem for symptomatic treatment of insomnia, the patient has been prescribed this medication since at least 07/12/2013. The request for Zolpidem 10 mg, quantity 30, is not medically necessary and appropriate.