

Case Number:	CM13-0026738		
Date Assigned:	11/22/2013	Date of Injury:	05/21/2012
Decision Date:	09/09/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female with an injury date of 05/21/2012. According to the 07/12/2013 progress report, the patient has reduced her anxiety, tension, irritability, and quick temper. She has reduced her jumpiness, depression, hyper-alertness, anxiety, physiological activity, and insomnia. She continues to have bad dreams and has poor memory and concentration. She has a low energy level and has panic attacks, agoraphobia, low sociability, and low sexual activity. "The patient's thought content is somewhat anxious and dysphoric, consistent with the mood and circumstances." The patient's diagnoses include posttraumatic stress disorder; major depression, single episode moderately severe; and panic disorder with agoraphobia. The request is for Ativan 0.5 mg #60 b.i.d. p.m. for anxiety and Ambien 10 mg #60 p.m. The utilization review determination being challenged is dated 08/22/2013. Treatment reports were provided from 05/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #60 BID PM for anxiety: Upheld

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

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

Decision rationale: According to the 07/12/2013 progress report, the patient resents with anxiety, tension, irritability, and quick temper. The request is for Ativan 0.5 mg #60 b.i.d. p.m for anxiety. The patient has been taking Ativan as early as 05/03/2013. MTUS page 24 states that 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." In this case, the patient has been taking Ativan since 05/03/2013, which exceeds the 4 weeks that are recommended within MTUS Guidelines. Therefore, this request is not medically necessary.

Ambien 10mg #60 PM: Upheld

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

Decision rationale: According to the 07/12/2013 progress report, the patient resents with anxiety, tension, irritability, and quick temper. The request is for Ambien 10 mg #60 p.m. The patient has been taking Ambien as early 05/03/2013. MTUS and ACOEM Guidelines do not discuss Ambien; however, Official Disability Guidelines states that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The patient has been taking Ambien as early as 05/03/2013, which well over exceeds the Official Disability Guidelines. Therefore, this request is not medically necessary.