

<b>Case Number:</b>	CM13-0050262		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/09/2005
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 Psychiatry 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. 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:

This case involves a 42 year old male injured on 9-9-05. The patient has suffered from depression, insomnia, nightmares, anxiety and a fear of returning to work. He ruminates about his physical limitations. Surgery, pain management and weight reduction have been among the treatments contemplated for this patient. He has been given the following diagnoses: AXIS I: 1. Major Depressive Disorder, Single Episode, Moderate (296.22). 2. Generalized Anxiety Disorder (300.02). 3. Male Hypoactive Sexual Desire Disorder Due to Chronic Pain (608.89). 4. Insomnia Related to Generalized Anxiety Disorder (327.02). 5. Psychological Factors Affecting Medical Condition, Headaches (316) AXIS II: No diagnosis (V71.09). AXIS III: Status post orthopedic injury. Headaches. AXIS IV: Health Problems. Financial Problems. AXIS V: Current GAF: 51. The patient has been preoccupied with death at times. At issue is the medical necessity of Klonopin 0.5mg, #60 and Ambien 10mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** It is unclear from the record exactly when the patient started on benzodiazepines. From the records provided we can tell that the patient has been on klonopin since at least 10-7-2013. Since the guidelines cited below indicate that the request exceeds the guideline delineated limit of six weeks, the request for klonopin as requested is not medically necessary.

**Ambien 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Pain (Chronic), section on Insomnia treatment.

**Decision rationale:** It is unclear from the record exactly when the patient started on hypnotics including ambien. From the records provided we can tell that the patient has been on ambien since at least 10-7-2013. Since the guidelines cited below indicate that the request exceeds the guideline delineated limit of six weeks, the request for ambien as requested is not medically necessary.