

Case Number:	CM13-0064037		
Date Assigned:	01/03/2014	Date of Injury:	08/31/1998
Decision Date:	05/28/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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 patient is a 51 year old male who was injured on 8/31/99. The mechanism of injury was not provided for review. According to the records, the patient is diagnosed with cervical stenosis, cervical radiculopathy, post-surgical pain syndrome, migraine headaches, insomnia, anxiety, and depression. The patient also occasionally uses alcohol. Prior treatment history has included two cervical surgeries, anterior C5-6 and C6-7 fusion in 2000, and posterior C5-6 and C6-7 fusion in 2002. The patient has also undergone placement of spinal cord stimulators for pain, with a subsequent revision. The patient has also received physical therapy and cognitive behavioral therapy by a psychologist. His medications include Amitriptyline, Duragesic, Percocet, MS Contin, Ambien, Cholesterol.HTN medications, Prilosec, Prozac, Neurontin, and Wellbutrin. According to the records, the patient has been using Ambien for insomnia since at least 4/9/13. He was also using Xanax as needed since at least 6/27/13. There medical records do not contain a rational for prescribing Xanax. Furthermore, there are no records provided that show normal results to routine urine drug screens. Various notes also document the patient to have episodes where he drinks alcohol. His psychology notes given the impression that the patient is anxious, depressed, and socially isolated; he occasionally has auditory hallucinations. At times he has implied that he has been considering suicide. There is also reference to the patient being impaired while driving his car at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 XANAX XR 0.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 66.

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

Decision rationale: As per the California MTUS guidelines, Xanax is appropriate for the short-term treatment of anxiety and insomnia. Xanax is a benzodiazepine that is not recommended for long-term use as long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. In this case, this patient has been prescribed Xanax for at least six months. The guidelines also warn against long term use due to complications of addiction. The patient is noted to have suicidal thoughts and auditory hallucinations, in addition to alcohol consumption. These are all risk factors for overdosing on medications, and medication interactions that could potentially result in death. As such, the request for Xanax is not medically necessary.

30 AMBIEN 12.5MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS guidelines do not address the issue in dispute, so alternate guidelines were used. The Official Disability Guidelines indicate that Ambien is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, 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. In this case, this patient has been prescribed Ambien for at least six months. Ambien is appropriate for the short-term treatment of insomnia. The guidelines warn against long term use due to complications of addiction. Furthermore, the patient has documented alcohol use, and an active psychiatric history, in addition to taking multiple narcotics and sedatives. This all increases his risk of suicide and death. Thus, the request for Ambien is not medically necessary.