

Case Number:	CM13-0065630		
Date Assigned:	01/03/2014	Date of Injury:	07/28/2000
Decision Date:	03/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/13/2013

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 Physical Medicine & Rehabilitation 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:

The patient is a 59 year old male who was injured on 01/27/2000 when he slipped on a wood dull and slipped. Treatment history has included medications, psychotherapy, and home care for 8 hours per day, 7 days per week for 2 weeks and then 4 hours per day, 3 days per week for 4 weeks. The patient underwent a revision ulnar nerve neurolysis and transposition and unlinking of total elbow arthroplasty on 12/10/2013. Consultation note dated 08/19/2013 documented the patient to have complaints of depression, anxiety, headaches, and suicidal ideation. Objective findings on exam included during the months of August and September, [REDACTED] psychiatric condition remained stable. He struggles with impaired memory and concentration, sleep disturbance, fatigue, depression, anger, paranoia and physical pain. He made veiled suicidal threats, though he denies any plans or attempts to complete the act of suicide. Psychiatric note dated 10/09/2013 documented during the months of September and October, [REDACTED] psychiatric condition did not improve significantly. He made veiled suicidal threats but denies any plans or attempts to complete the act of suicide. He stated that he was having difficulty performing even the simplest activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Insomnia Treatment

Decision rationale: CA MTUS do not discuss the issue in dispute and hence ODG have been consulted. As per ODG guidelines, Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Records reviewed indicate that this patient is having chronic pain and was diagnosed with depression, anxiety, sleep problems, headaches, and suicidal ideation. Therefore, the request for 1 prescription of Zolpidem 10mg, #30 is certified.

Lorazepam 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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

Decision rationale: Lorazepam is a benzodiazepine and as per CA MTUS guidelines, it is 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. Records indicate that this patient has been taking this medication chronically. The current request exceeds the guidelines recommendation for benzodiazepine use and therefore, the request for 1 prescription of Lorazepam 1mg , #90 is non-certified.