

Case Number:	CM13-0067707		
Date Assigned:	01/03/2014	Date of Injury:	07/16/2001
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 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 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 53 year old female with date of injury 7/16/2001. Date of Utilization Review decision was 12/4/2013. She encountered industrial injuries while working as licensed vocational nurse (LVN). She has chronic pain resulting from orthopedic injuries and has undergone surgery, physical therapy, medication treatment. Psychological diagnoses include Major Depressive Disorder, moderate and Post Traumatic Stress Disorder (PTSD). She has been on several psychotropic medications such as prozac, topamax, ambien, and klonopin. She has received individual psychotherapy for several years per report from 07/26/2010. She is being prescribed wellbutrin, buspar, klonopin, and ambien CR per progress report (PR) from 2/1/2013. PR from 6/1/2013 lists subjective symptoms as "still depressed but stable and tearful, sleeps 6-7 hrs, says meds help" PR from 10/1/2013 lists subjective symptoms as "very depressed and cries a lot". PR from 11/25/2013 states she "had a recent stressful family feud that became physical, sleeps 6 hrs a night, states meds help" Reviewed letter submitted by Psychiatrist dated 01/13/2014 listing the treatment the injured worker (IW) has received so far and her current symptoms warranting the need for continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN CR 12.5MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL & STRESS, INSOMNIA TREATMENT

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien® (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The IW has been on ambien for over a year. Medical necessity of continued use of Ambien CR cannot be affirmed at this time.

KLONOPIN 1MG #30: Upheld

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

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

Decision rationale: MTUS states "Benzodiazepines- 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton,2005)" The IW has been on klonopin long term for PTSD and anxiety symptoms. The letter from treating physician dated 01/13/2014 was reviewed. However, there is respectful disagreement upon independent medical review regarding the continuation of klonopin since guidelines do not recommend it for long term use because of tolerance to the effects.