MAXIMUS Federal Services

Case Number:	CM13-0070767		
Date Assigned:	01/08/2014	Date of Injury:	01/12/2009
Decision Date:	06/11/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/26/2013

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:

This is a 54 y/o female with date of injury 1/12/2009. Date of UR decision was 12/20/2013. Mechanism of injury was a cart of hot food falling on her while she was performing duties as a cook. It resulted in crushing and burning of her left upper extremity and was diagnosed with CPRS.She received sympathetic blocks, medication management for the pain. Report from 6/19/2013 suggests that she has persistent pain, spasm. Report from 12/6/2013 suggest that cervical ESI helped for 6 weeks, she has completes 6 sessions of acupuncture treatment. Objective findings list only physical findings and not psychological findings. The psychotropic medications being prescribed are ambien and klonopin. The other medications are duragesic patch, norco, cymbalta, lyrica, colace and flexaril.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE KLONOPIN 0.5 MILLIGRAMS QUANTITY SIXTY: Upheld

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

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

Decision rationale: The California MTUS states 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The MTUS guidelines limit the use of benzodiazepines to 4 weeks because of unproven long term efficacy and risk for dependence. The medical necessity of Klonopin 0.5 mg #60 cannot be affirmed at this time. The documentation from the treating physician does not describe the reasons/subjective for which Klonopin is being prescribed, the goals of treatment and the length of time it is intended to be continued. The request is not medically necessary or appropriate.

RETROSPECTIVE AMBIEM 5 MG, # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines (ODG) state that non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are 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 [AmbienÂ® (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The injured worker has been prescribed ambien on a long term basis. Guildelines recommend use for only short term treatment of insomnia i.e 7-10 days. The medical necessity of ambien 5 mg #30 cannot be affirmed at this time.