

Case Number:	CM14-0000485		
Date Assigned:	01/10/2014	Date of Injury:	10/30/1992
Decision Date:	06/19/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational 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 62-year-old female who has submitted a claim for Major Depressive Disorder, Single Episode, secondary to Carpal Tunnel Syndrome and Reflex Sympathetic Dystrophy, associated with an industrial injury date of October 30, 1992. Medical records from 2007 through 2008 were reviewed, which showed that the patient complained of depression, forgetfulness, anxiety, nervousness, sleep difficulties, and poor energy level. On mental status examination, the patient appeared agitated and depressed. Her speech was fluent and spontaneous. Cognition was intact. Insight and judgment were fair. Treatment to date has included occupational therapy, stellate ganglion blocks, carpal tunnel release, psychotherapy, and medications including clonazepam (since July 2007), and zolpidem (since July 2007). Utilization review from December 3, 2013 denied the request for alprazolam #90 because benzodiazepines are not recommended for long-term use. The same review modified the request for clonazepam 2 mg #270 to clonazepam 2 mg #164 and zolpidem 10 mg #90 to zolpidem 10 mg #68 for tapering purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF ALPRAZOLAM #90: Upheld

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

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

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, the latest available progress note is dated 2008; hence, the current functional and psychiatric status of the patient is unknown. Therefore, the request for one (1) prescription of alprazolam #90 is not medically necessary.

ONE (1) PRESCRIPTION OF CLONAZEPAM 2MG #270: Upheld

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

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

Decision rationale: According to page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, clonazepam was prescribed since 2007 (7 years to date); however, there was no documentation of continued functional benefit. Furthermore, the latest available progress note is dated 2008; hence, the current functional and psychiatric status of the patient is unknown. Therefore, the request for one (1) prescription of clonazepam 2mg #270 is not medically necessary.

ONE (1) PRESCRIPTION OF ZOLPIDEM 10MG #90: Upheld

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 (Acute and Chronic).

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

Decision rationale: CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills 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. In this case, zolpidem was prescribed since 2007 (7 years to date); however, there was no documented evidence of continued functional benefit. Furthermore, the latest available progress note is dated

2008; hence, the current functional and psychiatric status of the patient is unknown. Therefore, the request for one (1) prescription of zolpidem 10mg #90 is not medically necessary.