MAXIMUS Federal Services

Case Number:	CM14-0003268		
Date Assigned:	05/19/2014	Date of Injury:	01/31/1997
Decision Date:	07/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 Internal Medicine and is licensed to practice Arizona. 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 injured worker is a woman with a medical histor of major depressive disorder recurrent, generalized anxiety disorder and pain disorder who sustained a work-related injury dated 1/31/1997. She is currently under the care of a primary psychiatric provider who is prescribing zolipidem for insomnia and lorazepam for anxiety. A progress note dated 9/3/13 states the patient is alert and appropriate, she is still anxious and depressed. She is noted as taking diazepam and an attempt to taper the benzodiazepine medications is planned. A utilization review dated 12/17/13 denies the continued use of zolpidem and lorazepam as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZOLPIDEM 10MG (DISPENSED #30 PER MO),: 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), Treatment Index, 11th Edition, (web), 2013, Pain (Chronic) Chapter, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate.com The approach to the patient with insomnia.

Decision rationale: The MTUS is silent regarding the use of zolpidem for chronic insomnia. The FDA has approved the use of zolpidem for short-term treatment of insomnia (with difficulty of sleep onset). Zolpidem is not approved for the long-term treatment of insomnia. When treating insomnia all patients should receive therapy for any medical condition, psychiatric illness, substance abuse or sleep disorder that may be precipitating or exacerbating the insomnia. For patients who continue to have insomnia that is severe enough to require intervention cognitive behavioral therapy (CBT) is the initial therapy that is recommended. If a patient requires a combination of behavioral therapy and medication a short acting medication is recommended for 6-8 weeks and then tapered. If the patient is still haveing symptoms they may require evaluation in a sleep disorder center prior to the institution of long-term medications. In this case the documentation does not support that the patient has been adequately treated for depression. The patient's psychiatric illness should be treated with standard therapy (SSRI) before use of zolpidem for insomnia. Furthermore there is not supporting documentation that the patient is having significant sleep problems that requires the use of zolpidem. The use of zolpidem is not medically necessary.

LORAZEPAM 0.5MG (DISPENSED #90 PER MO): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26, Benzodiazepines Page(s): 24.

Decision rationale: 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. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. In this case the patient suffers from depression, which can be made worse by the use of sedative/hypnotic medications. The use of lorazepam is not medically necessary.