

Case Number:	CM14-0005036		
Date Assigned:	01/24/2014	Date of Injury:	04/30/1999
Decision Date:	06/10/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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 Psychiatry, has a subspecialty in Neurology 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:

According to the records made available for review, this is a 67-year-old female with a 4/30/99 date of injury. At the time (12/20/13) of request for authorization for Ambien (Zolpidem) oral tablet 5 mf; one tablet PO QHS, #30 with 1 refill, and Ativan (Lorazepam) oral tablet 0.5 mg; one tablet PO QD #30 with 1 refill, there is documentation of subjective (sleeping poorly and struggling with anxiety; chronic back and neck pain, and frequent headaches; reports 40% reduction in the pain with medications, and 5-6 hours of sleep per night with the Ambien, and that Ativan helps with the post traumatic anxiety) and objective (slight tenderness at the right elbow, slight tenderness throughout the cervical spine and bilateral cervical paraspinal regions, slight spasms, reduced range of motion, tenderness to palpation in the upper thoracic spine, positive Romberg, moderate impaired finger to nose testing) findings, current diagnoses (chronic back and neck pain, pain related insomnia and post-traumatic anxiety), and treatment to date (medications including ongoing use of Ambien and Ativan).

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN (ZOLPIDEM) ORAL TABLET 5 MG; ONE TABLET PO QHS, #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124. 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 Official Disability Guidelines (ODG), Pain Chapter, Zolpidem.

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of chronic back and neck pain, pain related insomnia and post-traumatic anxiety. However, given documentation of records reflecting prescriptions for Zolpidem since at least 2010, there is no documentation of the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Ambien (Zolpidem) oral tablet 5 mf; one tablet PO QHS, #30 with 1 refill is not medically necessary.

ATIVAN (LORAZEPAM) ORAL TABLET 0.5 MG; ONE TABLET PO QD #30 WITH 1 REFILL: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of chronic back and neck pain, pain related insomnia and post-traumatic anxiety. However, given documentation of records reflecting prescriptions for Ativan since at least 2010, there is no documentation of the intention to treat over a short course (less than 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Ativan (Lorazepam) oral tablet 0.5 mg; one tablet PO QD #30 with 1 refill is not medically necessary.