

Case Number:	CM14-0010362		
Date Assigned:	02/21/2014	Date of Injury:	05/09/2012
Decision Date:	06/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/24/2014

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 31-year-old female who has submitted a claim for Disc Replacement, C5-6, with a 3-mm Disc Protrusion, C6-7, associated with an industrial injury date of May 9, 2012. Medical records from 2013 were reviewed, which showed that the patient complained of neck pain radiating to the right upper extremity. On physical examination, there was right-sided tenderness and spasm of the cervical spine. There was limited range of motion as well. Treatment to date has included C5-6 disc replacement, post-operative physical therapy, and medications including Ambien 5 mg #60 2 PO at hs (since October 2013) and Xanax 0.25 mg #60 1 tablet PO BID for anxiety (since December 2013). Utilization review from December 30, 2013 denied the request for retrospective Ambien 5 mg #60, retrospective Xanax 0.25 mg #60, and referral to [REDACTED]. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE AMBIEN 5MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Ambien) 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. There is also concern that they may increase pain and depression over the long term. In this case, Ambien was being prescribed since October 2013 (8 months to date). However, there was no documentation of continued functional benefit. Furthermore, the medical records failed to provide evidence of sleep disturbances that may warrant the use of Ambien. There is no clear rationale for continued use of this medication. Therefore, the request for RETROSPECTIVE AMBIEN 5MG #60 is not medically necessary.

RETROSPECTIVE XANAX 0.25MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 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, Xanax was being prescribed since December 2013 (6 months to date) for anxiety. However, the medical records failed to provide evidence of anxiety. The present request also failed to indicate the intended duration of Xanax therapy. Therefore, the request for RETROSPECTIVE XANAX 0.25MG #60 is not medically necessary.

REFERRAL TO [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127, 156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, a rationale for the requested referral was not provided. Furthermore, the present request did not indicate what

specialty [REDACTED] is practicing. There was also no indication of uncertainty or complexity of the patient's case. Therefore, the request for REFERRAL TO [REDACTED] is not medically necessary.