

Case Number:	CM14-0016357		
Date Assigned:	04/16/2014	Date of Injury:	06/29/1998
Decision Date:	05/29/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 55 year-old female with a June 29, 1998 industrial injury claim. She has been diagnosed with Bipolar Disorder, chronic pain, general anxiety ,major depression, and sleep disorder. According to a November 26, 2013 psychiatry report from [REDACTED], the patient is attending water therapy classes and has improved mobility, but is still fragile with low selfesteem, is easily overwhelmed, and becomes anxious and worried. All medications work well and the patient does not want changes, as she fears changes will de-stabilize her pain and adversely affect her current function. [REDACTED] is trying to lower the amounts of Xanax and zolpidem, but notes she has rebound insomnia without her sleep aid. She takes Xanax XR, Lamictal, Seroquel, and Zolpidem ER. She also has musculoskeletal pain, according to the February 10, 2014 pain management report form [REDACTED], she has neck and back pain with cervical and lumbar degenerative disc disease (DDD), and lumbar radiculitis. The pain management physician has prescribed Soma, OxyContin,and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX XR 1MG, #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: The patient has been diagnosed with Bipolar Disorder, chronic pain, general anxiety, major depression, and sleep disorder. The patient appears to have been on Xanax since September 6, 2013, according to the October 31, 2013 psychiatric report. The MTUS guidelines for benzodiazepines state that they are not recommended for long-term use, and that most guidelines limit use to 4-weeks. The request for continued use of the benzodiazepine Xanax over 3-months does not appear to be in accordance with MTUS guidelines. Therefore the request is not medically necessary.

ZOLPIDEM ER 12.5MG #30: Overturned

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), Chronic Pain Chapter, Insomnia Treatment, Ambien.

Decision rationale: The patient has been diagnosed with Bipolar Disorder, chronic pain, general anxiety, major depression, and sleep disorder. The patient appears to have been on zolpidem ER since September 6, 2013, according to the October 31, 2013 psychiatric report. The California MTUS did not discuss zolpidem ER, so the Official Disability Guidelines (ODG) were consulted. The ODG states that zolpidem ER (AmbienCR) has been found to be effective up to 24 weeks. The psychiatrist that is managing the psychotropic and insomnia medications, states the medication is working. The continued use of zolpidem ER 12.5mg appears to be in accordance with Official Disability Guidelines and is therefore medically necessary.