

Case Number:	CM14-0110354		
Date Assigned:	08/01/2014	Date of Injury:	04/26/2006
Decision Date:	10/06/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 and Rehabilitation 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:

This is a 58-year-old female with a 4/26/06 date of injury. The exact mechanism of injury has not been described. According to an appeal report dated 6/25/14, it is noted that the patient had completed 22 sessions of psychotherapy. Her medication regimen included Wellbutrin SR, Seroquel, Klonopin, and Ambien. Klonopin moderated the patient's anxiety and agitation, and without the medication, the patient's anxiety escalated each day to the point that she couldn't sit down. The Ambien permitted the patient to obtain a minimally sufficient amount of rest at night. Without Ambien, she could not get to sleep because she was flooded with intrusive and distressing thoughts and images. Objective findings: not noted. Diagnostic impression: depressive disorder, pain disorder, insomnia, alcohol dependence in remission. Treatment to date: medication management, activity modification, psychotherapy, surgeries. A UR decision dated 7/9/14 denied the requests for Ambien and Klonopin. Regarding Ambien, the provider felt that the risk of use outweighs the potential side effects, however given that the patient struggles with depression and pain and these are both known side effects, use of a safer sleep option approved for prolonged use is indicated. Regarding Klonopin, given the patient's history of anxiety and the risk of prolonged use, ongoing treatment with Klonopin is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, QTY: Unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia

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, Ambien X Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. It is noted that the patient has been taking Ambien since at least 4/3/14, if not earlier. Guidelines do not support the use of Ambien for longer than six weeks. In addition, there is no discussion that the provider has addressed non-pharmacologic methods for insomnia, such as proper sleep hygiene. Therefore, the request for Ambien 10mg, QTY: Unknown was not medically necessary.

Klonopin 0.5mg, QTY: Unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Benzodiazepines

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Most guidelines limit use to 4 weeks. It is noted that the patient has been taking Klonopin since at least 4/3/14, if not earlier. Guidelines do not support the use of benzodiazepines for longer than 4 weeks. There is no documentation that the patient has had a trial and failure of an antidepressant for her anxiety. Therefore, the request for Klonopin 0.5mg, QTY: Unknown was not medically necessary.