

Case Number:	CM14-0123902		
Date Assigned:	08/08/2014	Date of Injury:	02/25/2009
Decision Date:	10/03/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/06/2014

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 Family 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 56-year-old male who has submitted a claim for anxiety and depressive disorder, associated with an industrial injury date of 2/25/2009. Medical records from 2/6/2014 up to 8/11/2014 were reviewed showing continued anxiety, panic attacks, and depression. He is currently taking Ambien and Xanax which sufficiently manage his anxiety and insomnia. In the absence of either of his medications, the patient rapidly develops levels of sleeplessness, anergia, distractibility, and irritability that make it impossible for him to successfully meet the expectations of his employer. Objective findings revealed that his mood is tense and anxious. He has a rigidly controlled affect. Treatment to date has included Xanax 0.5mg and Ambien 10mg. Utilization review from 8/5/2014 modified the request for Xanax 0.5mg tablet 1/2 to 1 tablet daily as needed #90 to #45 with no refills and Ambien 10mg tablets 1 tablet at bedtime as needed #60 to #30 with no refills. The medical necessity of the requested treatments have not been established in the medical records presented. Modified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg tablet 1/2 to 1 tablet daily as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines 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 use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance develops with long-term use. In this case, the patient has been taking this medication since at least 6/2009. Although the patient does benefit from intake of this medication, the long-term use of Xanax is not in conjunction with the guidelines' recommendation. Long-term efficacy is unproven and there is a risk of dependence. Therefore, the request for Xanax 0.5mg tablet 1/2 to 1 tablet daily as needed #90 is not medically necessary.

Ambien 10mg tablets 1 tablet at bedtime as needed #60: Upheld

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

Decision rationale: The CA MTUS does not specifically address this topic. 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 Ambien (zolpidem) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient has been taking Ambien since at least 6/2009. Although the patient does benefit from intake of this medication, the long-term use of Ambien is not in conjunction with the guidelines' recommendation. Therefore, the request for Ambien 10mg tablets 1 tablet at bedtime as needed #60 is not medically necessary.