

Case Number:	CM14-0125764		
Date Assigned:	08/13/2014	Date of Injury:	05/21/2009
Decision Date:	09/18/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/08/2014

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 Internal 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 injured worker is a 42 year old male with a reported date of injury to the right foot on May 21, 2009. The mechanism of injury is described as a slip and fall, while walking and was caught against a concrete step-off. Diagnoses include major depression, recurrent without psychotic features. The injured worker was also diagnosed with anxiety. The clinical note dated 7/24/2014 revealed the injured worker had gone without medications for one month due to insurance denial which subsequently caused a return of symptoms. The examination on 7/24/2014 indicated an alert and oriented patient, cooperative with good eye contact. He had fair insight and cognition was normal with linear thought processes. He did however, have a depressed mood and irritable affect. The entire examination submitted on 7/24/2014 is virtually identical to all notes submitted since January 2014. The request was for Ambien 10mg, # 20, and Klonopin 0.5mg, # 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem.

Decision rationale: Insomnia is best managed with a comprehensive approach particularly targeting sleep hygiene and use of cognitive behavioral therapy, particularly in individuals with comorbid depression and anxiety. Mildly sedating anti-depressants can be used for management of both depression and insomnia, as tolerated. Further, long term use of Zolpidem is not recommended since there is a risk of dependence and adverse effects including seizures with inadvertent withdrawal. Concurrent use of benzodiazepines and Zolpidem is especially discouraged. Therefore, this request is not medically necessary.

Klonopin 0.5mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Stress Related conditions.

Decision rationale: Benzodiazepine can be cautiously administered as needed to a patient with anxiety and comorbid depression under the direction of a psychiatrist. This is particularly true if there is also insomnia to a certain extent and the individual has not exhibited aberrant behaviors, is compliant and otherwise educated about the treatment and its expected benefits / adverse effects, as needed use for severe anxiety is acceptable when closely monitored by a trained psychiatrist. Further, the patient's resurgence of symptoms after cessation of medication due to insurance disapproval indicates that the medications are likely helping him. The request is considered medically necessary.