

<b>Case Number:</b>	CM14-0129110		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	03/28/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 61 year old female injured on 03/28/01 due to an undisclosed mechanism of injury. Diagnoses include cervical radiculitis, cervical syndrome, cervical spondylosis, and rotator cuff sprain/strain/tear. Clinical note dated 03/05/14 indicates the injured worker presented for follow up and medication refill. The injured worker reported analgesia adequate with no complaints of side effects. The injured worker reported stability with current prescribed medications and improved quality of life and increased overall daily functionality. Medications included Vicodin, Norco, and Celebrex. Psychological note dated 04/11/14 indicates the injured worker presented complaining of sleep difficulties and persistent pain. The injured worker reported feeling emotional with crying spells, lack of energy, and social isolation. The injured worker reported worrying about the pain and inability to engage in her usual activities. Clinical note indicates the injured worker is stressed out because Ambien was discontinued disrupting sleep hygiene, furthering depression symptoms. Treatment plan included continuation of Zoloft, Clonazepam and Ambien. The initial request for 30 tablets of Ambien 10 mg and 60 tablets of clonazepam 0.5 mg was non-certified on 07/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 TABLETS OF AMBIEN 10 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES SHORT ACTING NON BENZODIAZEPINE HYPNOTIC, INSOMNIA.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The injured worker has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for 30 tablets of Ambien 10 MG cannot be recommended as medically necessary.

**60 TABLETS OF CLONAZEPAM 0.5 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

**Decision rationale:** As noted on page 24 of the 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for 60 tablets of clonazepam 0.5 MG cannot be recommended as medically necessary at this time.