

Case Number:	CM14-0137122		
Date Assigned:	09/05/2014	Date of Injury:	01/30/2010
Decision Date:	09/25/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 Practice 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:

74 yr. old female claimant sustained a work injury on 1/30/10 involving the neck, right shoulder and wrists. She was diagnosed with cervical spine strain, right shoulder impingement, right carpal tunnel syndrome and insomnia. She had been on Ambien for several months due to insomnia. A progress note from a treating psychiatrist on 7/22/14 indicated the claimant had been on Viibryd, Ambien 5 mg and Ativan for sleep and depression. A psychiatrist note on 7/31/14 indicated the claimant had continued to have major depression and post-traumatic stress disorder. The treating physician believed she might benefit from an SSRI trial over 8 weeks for depression. She remained on her Ambien and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 5MG QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. In this case, the claimant had been on Ambien for several months. Her depression was attributed to her insomnia. The psychiatrist believed a trial of an SSRI may be beneficial. Addressing the depression will likely aid in sleep. Adults who use Zolpidem have a greater than 3-fold increased risk for early death. Long-term use of Ambien is not preferred over Ambien CR. Based on the above, Ambien 5 mg is not medically necessary.

ATIVAN 0.5MG QTY: 30:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

Decision rationale: Ativan is a benzodiazepine. It is unclear whether the medication was used for sleep vs. anxiety. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Ativan is not recommended by the guidelines for insomnia management. According to the MTUS guidelines, Benzodiazepine 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. Based on the above, continued use of Ativan is not medically necessary.