

<b>Case Number:</b>	CM14-0156004		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/23/1995
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 & 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 60-year-old female with a 2/23/95 date of injury, due to repetitive work. The patient underwent multiple surgeries including lumbar spine surgeries and carpal tunnel releases. The patient was seen on 9/15/14 with complaints of increased fibromyalgia pain, joint swelling and stiffness and migraine headaches. Exam findings revealed tenderness to palpation over the cervical and lumbar paraspinals, normal strength in the upper and lower extremities and no evidence of sensory loss. The diagnosis is degenerative lumbosacral intervertebral disc disorder, bilateral carpal tunnel syndrome, fibromyalgia, PTSD, chronic pain disorder and depression. Treatment to date: multiple surgeries, work restrictions, nerve/blocks injections, TENS unit, PT, ESI, group therapy and medications. An adverse determination was received on 9/12/14. The request for Ambien CR 12.5 mg, CR TAB #30 with 3 refills and Klonopin 1 mg, #30 with 3 refills was denied and due to the nature of the drugs weaning was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5 mg, CR TAB #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter

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

**Decision rationale:** CA MTUS does not specifically address Ambien. ODG and the FDA state that Ambien (zolpidem tartrate) 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. However the progress notes indicated that the patient was utilizing Ambien at least from 7/1/14. There is a lack of documentation indicating that the patient's sleep improved with Ambien and there is no discussion with regards to the patient's sleep hygiene. In addition, there is no rationale indicating why 3 refills were needed. Lastly, the Guidelines do not support long term treatment with Ambien. Therefore, the request for Ambien CR 12.5 mg, CR TAB #30 with 3 refills is not medically necessary.

**Klonopin 1 mg, #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines 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. Most guidelines limit use to 4 weeks. The progress notes indicated that the patient was utilizing Klonopin at least from 7/1/14; however there is a lack of documentation indicating that the patient's anxiety improved with the use of Klonopin. In addition, there is no rationale indicating why 3 refills were needed. Lastly, the Guidelines do not support long-term treatment with benzodiazepines. Therefore, the request for Klonopin 1 mg, #30 with 3 refills is not medically necessary.