

Case Number:	CM14-0167346		
Date Assigned:	10/14/2014	Date of Injury:	12/26/2002
Decision Date:	11/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/10/2014

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 and Rehabilitation and is licensed to practice in Louisiana. 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 51 years old male who was injured on 12/26/2012. Prior treatment history has included Alprazolam, Zolpidem and psychotherapy sessions. Progress report dated 09/02/2014 documented the patient to have complaints of pain and orthopedic restrictions. The patient is also having some problems with sleep and anxiety. On review of systems, the patient had anxiety and his mood was depressed. The patient was diagnosed with anxiety and was prescribed Alprazolam 0.5 mg, Zolpidem 20 mg and quarterly visits. Prior utilization review dated 10/10/2014 states the request for Alprazolam 0.5mg is denied as it is not recommended for long term use; Zolpidem 10mg is modified to certify Zolpidem 10 mg #30; and 1 quarterly visits is modified to certify quarterly visits between 09/02/2014-11/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonbenzodiazepines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions and guidelines recommend a limited use of 4 weeks. In this case, the ongoing use of Alprazolam would not be considered medically appropriate and would exceed the guideline recommendation to continue the use of this medication. Therefore, the request is not medically necessary.

Zolpiderm 10mg: Upheld

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

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

Decision rationale: CA MTUS is silent regarding the request. According to the Official Disability Guidelines, Zolpiderm is a short-acting non-benzodiazepine hypnotic, which is approved for short-term (usually two to six weeks) treatment for insomnia. . In this case, the ongoing use of Zolpiderm would not be considered medically appropriate and would exceed the guideline recommendation to continue the use of this medication. Therefore, the request is not medically necessary.

1 quarterly visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Office Visits & Consultations

Decision rationale: Guidelines support follow- up visits to determine the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. As such, an additional quarterly visit is clinically supported however, pre-authorization of unknown future quarterly visits is not supported therefore, this request is not medically necessary at this time.