

Case Number:	CM14-0172095		
Date Assigned:	10/23/2014	Date of Injury:	08/15/2007
Decision Date:	12/30/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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, has a subspecialty in Nephrology 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 57-year-old female with an 8/15/07 date of injury. The mechanism of injury involved cumulative trauma from keyboard use and continuous reaching, injuring her neck, shoulder and wrists. The patient was most recently seen by a psychiatrist on 9/18/14, when the patient complained of depression, sleep disturbance, lack of motivation, decreased energy, agitation, difficulty thinking, and diminished self-esteem. The patient reported better concentration, less time in bed, and less hopelessness. Exam findings revealed a soft spoken female with depressed facial expressions and visible anxiety. A medication management evaluation note dated 10/23/14 indicated that the patient had a BDI score 43, BAI score of 31, and an Insomnia Severity Index score of 22. The documentation indicated that the patient had been managed by a psychiatrist for the last two years. The patient's medications included Prazosin, Alprazolam, Ambien (since 2008), Wellbutrin, and Atarax. The patient's diagnoses, in addition to her multiple orthopedic injuries and chronic pain, included major depression, anxiety, psychological factors affecting medical condition, insomnia type sleep disorder due to pain, and a history of a psychiatric hospitalization for opiate and benzodiazepine overuse (2010). Of note, a Panel Qualified Medical Examination letter dated 5/3/14 recommended a sleep medication more effective (and with less side effects) than Ambien. The documentation reported the patient having a history of sleepwalking while on Ambien. This letter also mentioned the use of alprazolam by the patient, indicating that the patient has been on alprazolam since at least 5/3/14. Treatment to date: medications, physical therapy, chiropractic treatment, home exercise program, biofeedback therapy, ultrasound therapy, interferential current therapy, neck, shoulder and low back injections, left shoulder surgery (2009). An adverse determination was received on 10/27/14 due to guidelines recommending Ambien and Alprazolam (benzodiazepines) for short term use only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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), Pain, 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), Pain Chapter, Ambien, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address the use of Ambien. ODG and the FDA state that Ambien 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. According to ODG, it can be habit-forming and may impair function and memory more than opioid pain relievers. There is also concern that Ambien may increase pain and depression over the long-term. In regards to Ambien CR, it offers no significant clinical advantage over regular release Zolpidem, and Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release Zolpidem. The ER product is still more risky than IR. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. (Pain Chapter) Emergency department (ED) visits for adverse reactions related to Zolpidem increased by almost 220% in a recent 5-year period, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). By 2010 there were 64,175 ED visits involving Zolpidem. Women and the elderly appear to be most prone to adverse reactions linked to Zolpidem. Doctors should look at alternative strategies for treating insomnia. The report stresses that Zolpidem should be used safely for only a short period of time. (SAMHSA, 2013). This patient suffers from major depression, anxiety and stress due to chronic pain and disability. According to the documentation, the patient has been prescribed Ambien since 2008. As stated in ODG, Ambien is not recommended for long-term use due to its various side effects associated with long-term use (i.e. increasing pain, depression, functional impairment, etc.). Furthermore, the patient's insomnia is stated as being due to pain according to the Agreed Medical Reexamination letter dated 5/12/14. Alternative treatment modalities involving improved pain control may help with the patient's insomnia. In fact, a Panel Qualified Medical Examination note dated 5/3/14 also recommended a sleep medication more effective (and with less side effects) than Ambien. It was also noted in the documentation that Atarax 25mg, #60, was approved in 10/2014 for the treatment of anxiety and sleep disturbance. In addition, a 1-month supply of Ambien (#30) was previously approved for the purpose of weaning, which was reasonable in this case. Therefore, the request for Ambien 10mg, #30, was not medically necessary.

Alprazolam 0.5mg #30: 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: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepine's 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Most guidelines limit use to 4 weeks. A more appropriate treatment for anxiety disorder is an antidepressant. The documents indicated that the patient had been on a benzodiazepine since at least 2010, with a history of a psychiatric hospitalization for opiate and benzodiazepine overuse in 2010. The earliest mention of Alprazolam use by this patient was made on a Medical Examination note dated 5/3/14. It was also noted in the documentation that Atarax 25mg, #60, was approved in 10/2014 for the treatment of anxiety and sleep disturbance. This patient had been on Alprazolam for over the recommended guidelines of 4 weeks, and further use of Alprazolam should be used for weaning purposes. A UR determination approved a 1-month supply of Alprazolam 0.5mg (#30) for the purpose of weaning, which was reasonable in this case. Therefore, the request for Alprazolam 0.5mg, #30, was not medically necessary.