

Case Number:	CM14-0180076		
Date Assigned:	11/04/2014	Date of Injury:	04/28/2012
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 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:

This is a 45 year old male patient who sustained an injury on 4/28/2012. He sustained the injury while carrying 80 pounds of concrete bags and laying concrete. The diagnoses include depressive disorder, status post left inguinal hernia repair and status post left inguinal triple neurectomy and chronic left inguinal pain. Per the doctor's note dated 9/19/14, patient had improved depression and OCD (obsessive compulsive disorder) symptoms. He had difficulty with sleeping. He had sleep four hours every night and wakes up due to pain. He had psychomotor agitation. The medication list includes Xanax, cialis, Ambien and luvox. He has undergone inguinal hernia repair in 7/2012; left groin exploration with neurectomy, extended primary repair with superior lateral parietex on 4/2/2014. He has had left inguinal block steroid injection on 2/19/13. He has had trigger point injections, physical therapy visits and psychological therapy visits for this injury. Per a detailed psychiatric AME (agreed medical evaluation) dated 11/6/13, the majority of his psychiatric symptoms are non industrial in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg, #20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 11/21/14) Zolpidem (Ambien®).

Decision rationale: Ambien contains zolpidem. Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia was not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 5mg, #20 is not fully established for this patient at this time.

Xanax 0.5mg, #75: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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

Decision rationale: Xanax contains alprazolam which is a benzodiazepine, an anti anxiety drug. According to MTUS 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Any trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. The medical necessity of Xanax 0.5mg, #75 is not established for this patient.