

Case Number:	CM14-0184386		
Date Assigned:	11/12/2014	Date of Injury:	07/20/2001
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 63 year old female patient who sustained a work related injury on 7/20/2001. The exact mechanism of injury was not specified in the records provided. The current diagnoses include cervical radiculopathy and lumbago. Per the doctor's note dated 10/24/14, patient has complaints of right buttock pain at 7/10. Physical examination revealed no acute distress, diffuse tenderness, mild to moderate tenderness over bilateral paracervical area, range of motion including flexion, extension are limited due to pain, slow gait and decreased sensation to right-C5 and right-C6. Per the note dated 7/3/14, she has had major moderate depression single episode, generalized anxiety disorder and pain disorder associated with both psychological factors and a general medical condition. Her mental status examination revealed her mood was moderately depressed without homicidal or suicidal ideation. The current medication lists include Norco, Robaxin, Ambien and Xanax. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified in the records provided. She has had a urine drug toxicology report on 8/28/14. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .5 mg #180 with one refill: Upheld

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

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

Decision rationale: Alprazolam 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 actions 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." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Xanax .5 mg #180 with one refill is not fully established in this patient.

Ambien 10 mg #90 with one (1) refill: 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 (ODG), Pain (updated 11/21/14), Zolpidem

Decision rationale: Zolpidem is a short-acting non-benzodiazepine hypnotic. The California MTUS/ACOEM Guidelines do not address this medication; therefore, ODG was utilized. According to the cited guideline "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." A detailed history of anxiety or insomnia was not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. Per the records provided, the date of injury is approximately 13 years ago. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline, use of the Zolpidem can be habit-forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for Ambien 10 mg #90 with one (1) refill is not fully established in this patient.