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| <b>Case Number:</b>   | CM14-0022583 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 06/12/2002 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 02/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/21/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 injured worker's date of injury is 06/12/2002. The patient had injuries to the right knee, right wrist, left leg, and left arm in the course of performing the duties of the job. The patient attended a Chronic Pain Functional Restoration Program that ended in early January 2014. The treating physician is treating the patient for "major depressive affective disorder." The treating physician issued a request on 02/04/2014 for Ambien and Provigil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMBIEN CR 12.5MG, #80:** 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 TREATMENT OF INSOMNIA: UPTODATE, AUTHOR MICHAEL BONNET, MD, ET AL., ACCESSED ONLINE.

**Decision rationale:** Ambien CR 12.5 mg (Zolpidem) may be medically indicated for the short term treatment of insomnia. In this case, the injured worker is being treated for depression. There is no documentation of whether treatment with cognitive behavior therapy or efforts to

improve sleep hygiene have been tried or failed. Longterm use of benzodiazepines and non-benzodiazepines carry risk of addiction and untoward side effects. Based on the documentation, the request for Ambien Cr is not medically necessary.

**PROVIGIL 200MG, #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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LEXICOMP, MODAFINIL, ACCESSED ONLINE.

**Decision rationale:** This injured worker is being treated for depression. Provigil (Modafinil) may be medically necessary to treat narcolepsy in adults. Using Modafinil to treat depression is considered investigational at this time. The request for Modafinil is not medically necessary.

**XANAX 0.5MG, #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UPTODATE, UNIPOLAR DEPRESSION IN ADULTS: TREATMENT WITH ANXIOLYTICS, ANDREW GODDARD, MD, ACCESSED ONLINE.

**Decision rationale:** This injured worker is being treated for depression. Xanax (alprazolam) is a benzodiazepine that may be indicated in short-term treatment of anxiety. In the special case of treating the depressed patient with anxiety symptoms, it may be indicated in the early phase of treatment and then tapered off as the antidepressant becomes effective. Longterm use of benzodiazepines is associated with tolerance, addiction, and the risk of abuse. The request for Xanax is not medically indicated.