

Case Number:	CM14-0036972		
Date Assigned:	06/25/2014	Date of Injury:	07/16/2001
Decision Date:	07/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 Psychiatry 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 patient is a 53 year old female with date of injury 7/18/2011. The date of UR decision was 3/13/2014. Mechanism of injury was assault at work. Report from 10/30/2013 stated that injured worker has low back pain and is s/p intrathecal pump with moderate relief. Psychiatric progress report from 12/3/2013 listed that medications help. The medications being prescribed for her are Ambien CR 12.5mg, Wellbutrin XL 300mg, Klonopin 1mg at bedtime and Buspar 5 mg twice daily. The diagnosis given to the injured worker are Post Traumatic Stress Disorder, chronic; Major Depressive Disorder, single episode, moderate and Pain disorder associated with general medical condition. The report suggested that she has been on the medications for years. Report from 1/13/2014 suggested that she is receiving twice monthly psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 1mg QTY: 30.00: Upheld

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

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

Decision rationale: treated for PTSD, chronic and Major depressive disorder, moderate, single episode and has been on klonopin "for years". MTUS states "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. "Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving klonopin on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus the medical necessity for 30 tablets of Klonopin 1mg cannot be affirmed. Therefore the request is not medically necessary.

Ambien CR 12.5mg QTY: 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress,Insomnia treatment.

Decision rationale: The Psychiatric Progress report dated 12/3/2013 suggested that the injured worker is being treated for PTSD, chronic and Major depressive disorder, moderate, single episode and has been on Ambien CR "for years" ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." Ambien CR is not indicated for long term use. Thus, the medical necessity of continued use of Ambien CR cannot be affirmed. Therefore the request is not medically necessary.