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| Case Number: | CM14-0038377 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 01/17/1998 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Occupational 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 55-year-old female with a 01/17/1998 date of injury, when she fell forward and hurt her knees. The patient was seen on 02/02/2014 and she stated that the push therapy helps her and that Xanax helps her with the anxiety and panic attacks. The patient was seen on 09/09/2013 with complains of persistent, throbbing, dull and constant lower back pain. She also reports headaches, insomnia and feeling depressed. The diagnosis is myofascial pain syndrome, lumbar radiculopathy, lumbar spondylosis, insomnia and depression. Treatment to date: lumbar nerve injections, physical therapy, Xanax ER .5 mg #60 with four refills and medication. An adverse determination was received on 02/28/2014 to allow for safe discontinuation of Xanax and because the duration of Ambien treatment was not known.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax ER .5 mg #60 with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (ODG/TWC), 12/15/11: Pain: Insomnia treatment.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines 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. Most guidelines limit use to 4 weeks. The medical records revealed that the patient started taking Ambien in March 2013. However, there is no documentation stating how often she has been using it and if there are any side effects of the treatment. The patient have already exceed the recommended usage time due to CA MTUS Guidelines. Therefore, the request for Xanax ER .5 mg #60 with four refills was not medically necessary.

Ambien 10mg #30 with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (ODG/TWC), 12/15/11: Pain: Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Ambien; Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien). FDA (Ambien).

Decision rationale: CA MTUS Guidelines does not address this issue. 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. The medical records revealed that the patient started using Ambien in March 2013. However, there is a lack of documentation regarding the patient's sleep hygiene. The patient has already exceeded duration of use with regards to ODG and FDA guidelines. Therefore, the request for Ambien 10mg #30 with four refills was not medically necessary.