

Case Number:	CM14-0039667		
Date Assigned:	06/27/2014	Date of Injury:	03/29/2013
Decision Date:	08/19/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The patient is a 38-year-old male who has submitted a claim for post-traumatic stress disorder and soft tissue injuries associated with an industrial injury date of 03/29/2013. Medical records from 05/21/2013 to 04/01/2014 were reviewed and showed that patient complained of tension headaches involving the posterior and right side of the head which occurs in the setting of bad dreams. Physical examination revealed normal physical findings. Treatment to date has included pain medications, physical therapy, home exercise program, Ambien, and Klonopin. Utilization review dated 03/07/2014 denied the request for prescription of Ambien 10mg #30 because Ambien was not recommended for long-term use. Utilization review dated 03/07/2014 denied the request for prescription of Klonopin 0.5mg #30 because Klonopin use has exceeded guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. ODG states Ambien (zolpidem) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the patient was prescribed Ambien 10mg #15 qhs prn since 09/09/2013. There was reported improvement of sleep (02/27/2014) with Ambien use. However, the long-term use of Ambien is not in conjunction with the guidelines, as long term use is not recommended. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for prescription of Ambien 10mg #30 is not medically necessary and appropriate.

Klonopin 0.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment 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. In this case, the patient was prescribed Klonopin 0.5 mg #45 prn since 09/09/2013. However, the long-term use of Klonopin is not in conjunction with guidelines recommendation. There is no discussion as to why variance from the guidelines is needed. Therefore, the request for prescription of Klonopin 0.5mg #30 is not medically necessary and appropriate.