

<b>Case Number:</b>	CM14-0040598		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/03/2003
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 56-year-old male with a reported date of injury of 10/03/2003. The injured worker presented with continued symptoms of depression and anxiety disorder. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with recurring migraines and low back pain. According to the documentation provided for review, the injured worker presented with a history of low back surgery. The injured worker rated his pain at 2-3/10. The clinical documentation indicated the injured worker underwent psychiatric treatment prior to 10/29/2012. Previous physical therapy or conservative care is not documented within the clinical information available for review. The injured worker's diagnoses included spinal stenosis, lumbar region, erectile dysfunction, depression, benign prostatic hypertrophy, hypothyroidism, and lumbar radiculopathy. The injured worker's medication regimen included Cymbalta, Ambien, Xanax, and Cialis. The Request for Authorization for Xanax 1mg #60 and Ambien 10mg #30 was submitted but not signed or dated. The rationale for the request was not provided within the clinical information available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) PRESCRIPTION OF XANAX 1MG #60: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines 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 range of action includes sedative/hypnotic, anticonvulsant and muscle relaxant. Benzodiazepines are the treatment of choice in very few conditions. According to the clinical documentation provided for review, the injured worker has utilized Xanax prior to 10/29/2012. There is a lack of documentation related to the therapeutic benefit of the ongoing use of Xanax. In addition, the guidelines do not recommend benzodiazepines for long term use. Most guidelines limit use to 4 weeks. The request for ongoing use of Xanax exceeds the recommended guidelines. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for Xanax 1mg #60 is not certified.

**ONE (1) PRESCRIPTION OF AMBIEN 10MG #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), Pain (Chronic).

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

**Decision rationale:** The Official Disability Guidelines (ODG) does not recommend Ambien for long term use,. The ODG however, does recommend it for short term use. Zolpidem is approved for the short term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit-forming, and they may improve functional in may bring more than opiate pain relief. There is also concern that they may increase pain and depression over the long term. The guidelines state that Zolpidem (Ambien) increases the ability to remember images, but only those that have negative or highly arousing content. According to the documentation provided for review, the injured worker has utilized Ambien prior to 10/29/2012. There is a lack of documentation related to the therapeutic benefit of related to the long term utilization of Ambien. The request for continued use of Ambien exceeds the recommended guidelines. There is a lack of documentation related to insomnia, and the therapeutic benefit of the long term utilization of Ambien. In addition, the request as submitted failed to provide the frequency and directions for the use of Ambien. Therefore, the request for Ambien 10mg #30 is not certified.