

Case Number:	CM14-0044803		
Date Assigned:	07/02/2014	Date of Injury:	12/26/2002
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50-year-old male with a 12/26/02 date of injury; the mechanism of the injury was not described. The patient was seen on 3/3/14 with complaints of chronic low back and hip pain and continued anxiety and depression. Exam findings revealed normal gait, muscle strength and tone. The patient had been using Alprazolam at least since 12/19/12. The patient had normal psychomotor activity and was anxious without abnormal thought content. The diagnosis is depression, anxiety and insomnia. Treatment to date: medications. An adverse determination was received on 03/19/14. The request for Alprazolam 0.5mg was modified to 1 prescription of 0.5 mg #50 to allow for a taper, given the patient has exceeded the recommended duration of use of this medication. As a taper was initiated for Alprazolam the request for Zolpidem 10mg was certified with modification to Zolpidem 10mg # 30 with no additional tablets certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5MG: 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: 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. There is a lack of documentation for review indicating subjective and objective gains from the previous treatment with Alprazolam. The UR decision dated 03/19/14 modified the request to 1 prescription of 0.5 mg # 50 to allow for a taper, given the patient has exceeded the recommended duration of use of this medication. In addition CA MTUS does not support the long-term use of benzodiazepines and the patient already exceeded the recommended duration of the treatment. Therefore, the request for Alprazolam 0.5mg is not medically necessary.

Zolpidem 10MG: Upheld

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

Decision rationale: CA MTUS 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. There is a lack of documentation for review indicating subjective and objective gains from the previous treatment with Zolpidem. The UR decision dated 3/19/14 was certified with modification to Zolpidem 10mg # 30 with no additional tablets certified. Treatment with Zolpidem is not recommended for long-term use and the patient already exceeded the recommended duration of the treatment. Therefore the request for Zolpidem 10mg is not medically necessary.