

<b>Case Number:</b>	CM14-0049008		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/28/2005
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, anxiety, depression, and sleep disturbance reportedly associated with an industrial injury of March 28, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for Ambien, denied a request for Xanax, and partially approved a request for Cymbalta with five refills of Cymbalta with one refill. The claims administrator invoked the ODG Guidelines to deny the request for Xanax although the MTUS did, in fact, address the topic. In a February 1, 2010 supplemental medical legal evaluation, it was seemingly suggested that the claims administrator was contesting some of the applicant's allegations of shoulder pain and psychological stress secondary to cumulative trauma. In a progress note dated March 3, 2014, the applicant presented with grief and anxiety. It was stated that applicant's grief had finally diminished, possibly attributed to ongoing medication use. The applicant was off of work and receiving social security disability insurance benefits. The applicant's wife had passed away some seven months prior, it was suggested. The applicant was given a prescription for Ambien 10 mg #30 with two refills, Xanax at a rate of 60 tablets a month with one refill and Cymbalta for depression. In a handwritten progress note of April 1, 2014, it was stated that the applicant would remain off of work indefinitely.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Zolpidem 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Ambien or Zolpidem usage, pages 7 to 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending using a drug for non-FDA label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. In this case, however, the Food and Drug Administration (FDA) notes that Ambien or Zolpidem is indicated in the short-term treatment of insomnia, for up to 35 days. Ambien is not, thus, indicated for the chronic, long term and/or scheduled use purpose for which is being proposed here via the 30 tablets, two-refill supply ordered by the attending provider. No rationale for selection and/or ongoing usage of Ambien in a manner inconsistent with FDA parameters was proffered by the attending provider. Therefore, the request is not medically necessary.

### **1 prescription for Xanax 0.25mg #60: 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 (Acute & Chronic), Alprazolam.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that benzodiazepine anxiolytics may be appropriate for brief periods in cases of overwhelming symptoms, which interfere with daily functioning so as to afford an applicant with the opportunity to achieve a brief alleviation in symptoms so as to recoup emotional and physical resources, in this case, however, the applicant and attending provider are seemingly employing Xanax for chronic, long-term, scheduled, and daily use purposes. This is incompatible with ACOEM. There was no mention of any brief escalation or increase in psychiatric symptoms which would have supported provision of Xanax. The 60-tablet supply of Xanax does not conform to ACOEM parameters. Therefore, the request was not medically necessary.

### **1 prescription for Cymbalta 60mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS ACOEM Guidelines in Chapter 15, 402, antidepressants such as Cymbalta take "weeks" to exert maximum effect. In this case, however, the attending provider has furnished the applicant with a six-month supply of Cymbalta. The six-month supply proposed by attending provider does not take into account the fact that the applicant's psychiatric symptoms could wax and/or wane over the span of time, as apparently previously occurred when the applicant sustained issues with bereavement. Therefore, the request is not medically necessary.