

Case Number:	CM14-0071032		
Date Assigned:	07/14/2014	Date of Injury:	08/22/2006
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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 Psychiatry, and is licensed to practice in Texas. 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 51 year old female who was injured on 8/22/06. Subsequently, she has had physical therapies and has seen a psychiatrist every 4-6 weeks for depression. She has been prescribed various antidepressants in addition to Ambien and Valium which are the subject of this review. These medications have been used chronically and were denied as not medically necessary based upon their chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg #60: Upheld

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

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

Decision rationale: In regard to the long term use of Valium in pain patients, per the Medical Treatment Utilization Schedule (MTUS) 2009. Pain Medical Treatment Guidelines. Page 24 of 127. :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. Given the tolerance and dependency issues associated with benzodiazepines, alternative approaches to

anxiety are desirable when possible. Pharmacological approaches include the use of some antihistamine derivatives or buspirone. In some cases, alternative antidepressant choices can result in a reduction of anxiety. Additionally, cognitive behavioral therapy has been shown to be effective in the treatment of most anxiety disorders when provided by a therapist trained in this modality.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 04/10/14): Zolpidem (Ambien).

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

Decision rationale: In regard to the use of Ambien 10 mg for long-term treatment of insomnia: Medical Treatment Utilization Schedule does not specifically address the use of non-benzodiazepines hypnotics in pain disorders. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic of the imidazopyridine class that potentiates gamma-aminobutyric acid, an inhibitory neurotransmitter, by binding to gamma-aminobutyric acid receptors at the same location as benzodiazepines. Zolpidem is indicated for the short-term (usually two to six weeks) treatment of insomnia characterized by difficulties with sleep initiation. Zolpidem immediate release is typically dosed 5 mg (women, elderly) or 10 mg (men) orally once a day immediately before bedtime. Zolpidem immediate release works quickly, usually within 15 minutes, and has a short half-life of two to three hours. Long-term use of zolpidem is associated with drug tolerance, drug dependence, rebound insomnia and central nervous system-related adverse effects. It was recommended that zolpidem be used for short periods of time using the lowest effective dose. Zolpidem 10 mg is effective in treating insomnia when used intermittently no fewer than three and no more than five pills per week for a period of 12 weeks. Official Disability Guidelines identifies zolpidem as an effective hypnotic to be used in a time-limited fashion. Given the chronicity of its use in this case, 10 mg of Ambien nightly is not medically necessary.