

Case Number:	CM14-0072146		
Date Assigned:	07/16/2014	Date of Injury:	12/23/2008
Decision Date:	09/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Rehabilitation, 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 injured worker is a 54-year-old female who sustained a work related injury on 12/23/08 while driving as an instructor for AAA, when she had to suddenly divert a car. She had a L5-S1 decompression on 07/30/12. She continues to be on a pain management regimen. She originally developed symptom of depression in response to being denied surgery but continued to have depression, anxiety and sleep dysfunction afterward. Emotional symptoms since DOI include sadness, crying, feelings of hopelessness and helpless, sleep disturbance, poor appetite, low motivation, difficulties concentrating. She maintains that her symptoms of emotional nature have not seen any noticeable improvement. She does not believe that her current medications have helped. On 12/23/13 report, the patient rated herself high on Beck Psychological tests of emotional distress; Beck Anxiety Inventory-35; Beck Depression Inventory-29; Beck Suicide Scale-8; Beck Hopelessness Scale-11; these are all elevated scores. [REDACTED] and [REDACTED] agree that the patient has suffered a Major Depressive Disorder. She has been on Cymbalta, Zolpidem, Lunesta, and Xanax. She has also been taking Oxycodone, cyclobenzaprine and Advil to manage her pain symptoms. She reports feeling excessively emotional, fatigue, loss of appetite, and dizziness secondary to her chronic pain. She describes her pain as burning, sharp, throbbing, tiring, and unbearable. She is suffering from depression and anxiety associated with chronic pain. Diagnosis: Disc displacement intervertebral disc with myelopathy. The request for Zolpidem 5mg #30 with 2 refills; Alprazolam 0.5mg #90 with one refill were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg #30 with 2 refills: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), pain.

Decision rationale: CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine 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." Additionally, it is unclear from the records for how long he has been prescribed this medication since guidelines only recommend short-term use for 2-6 weeks. Thus, the request is not medically necessary.

Alprazolam 0.5mg #90 with one refill: Upheld

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

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

Decision rationale: 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Furthermore, there is no documentation of any significant benefit from prior use. Therefore, the request is not medically necessary.