

<b>Case Number:</b>	CM14-0078219		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/07/1998
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 64-year-old male who reported an injury on 05/07/1998. The documentation indicated the injured worker was utilizing Zolpidem 5 mg tablets, Xanax 0.5 mg (1 to 2 by mouth daily), and Norco 10/325 (1 tablet twice a day) since at least 12/2013. There was no recent Division Workman's Compensation (DWC) Form request for documentation (RFA) or primary treating physician's progress report (PR-2) submitted for the requested medications. The diagnoses included degenerative disc disease (DDD) cervical, herniated nucleus pulposus (HNP) cervical, and radiculopathy as well as anxiety. The mechanism of injury, diagnostic studies nor surgical history was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, 1 #25, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness chapter.

**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, Zolpidem.

**Decision rationale:** The Official Disability Guidelines indicate that Ambien is recommended for the short term treatment from 2 to 6 weeks for insomnia. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 12/2013. There was no PR-2 or DWC Form RFA past that date submitted for review. The request as submitted failed to indicate the frequency for the medication. There was a lack of documentation indicating a necessity for refills without re-evaluation. Given the above, the request for Ambien 10mg, 1 #25, 1 refill is not medically necessary.

**Xanax 0.5mg, #60, 1 refill:** 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:** The California MTUS Guidelines do not recommended benzodiazepines for the treatment of chronic pain, as there is a possibility of psychological and physiologic dependence. The treatment is not recommended for longer than 3 weeks due to that risk. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 12/2013. There was no DWC Form RFA or PR-2 submitted for the requested medication. There was no recent documentation since the date of 12/13/2013. The clinical documentation failed to indicate a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Xanax 0.5mg, #60, 1 refill is not medically necessary.