

Case Number:	CM14-0125771		
Date Assigned:	08/13/2014	Date of Injury:	04/26/2006
Decision Date:	07/14/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Internal Medicine

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 59 year old female, who sustained an continuous trauma industrial injury from 10/1998 through 01/07/2007. She reported injuring her neck and bilateral upper extremities and gradually developing severe psychiatric symptoms. The injured worker is currently permanent and stationary and permanently disabled. The injured worker is currently diagnosed as having depressive disorder, pain disorder, primary insomnia, psychophysiological gastrointestinal reaction, and alcohol dependence in remission. Treatment and diagnostics to date has included psychological and psychiatric treatment and medications. In a progress note dated 07/03/2014, the injured worker presented with complaints of anxiety/pain symptoms. Objective findings include psychiatrically bases impairments of sleep, energy, concentration, memory, emotional control, and stress tolerance. The treating physician reported requesting authorization for Klonopin and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines, Clonazepam (Klonopin).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that 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. ODG guidelines state that Clonazepam (Klonopin) is not recommended. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. The progress report dated 7/3/14 documented prescriptions for Klonopin and Ambien. Medical records document the long-term use of Klonopin (Clonazepam). Per MTUS, long-term use of the benzodiazepine Klonopin is not supported. ODG guidelines indicate that Klonopin (Clonazepam) is not recommended. MTUS and ODG guidelines do not support the use of Klonopin. Therefore, the request for Klonopin is not medically necessary.

Ambien 10mg #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 Zolpidem.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The progress report dated 7/3/14 documented prescriptions for Klonopin and Ambien. Medical records indicate long-term use of Ambien (Zolpidem). ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien is not medically necessary.