MAXIMUS Federal Services

Case Number:	CM14-0190457		
Date Assigned:	11/24/2014	Date of Injury:	01/11/2012
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a 67 year-old female with a 1/11/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 10/24/14 noted subjective complaints of reduction in depressive symptoms and anxiety. She also reported improved sleep as a result of treatment. Her medications include Ativan, Zolpidem, and Bupropion. Objective findings included a mild level of anxiety according to Beck Anxiety Inventory and major depressive symptoms on the depression scale. An appeal letter dated 10/31/14 addressed the prior UR denial of Ativan and Ambien. It cited ODG-TWC guidelines that state that benzodiazepines are not recommended for long-term use unless the patient is being seen by a psychiatrist, arguing that her medications had been provided by a psychiatrist. Regarding Ambien, it cited ODG-TWC that long-term studies have found Ambien CR to be effective for up to 24 weeks in adults and that guideline statements regarding Ambien CR should also apply to regular Zolpidem. Diagnostic Impression: Depressive Disorder, Generalized Anxiety Disorder. Treatment to Date: medication management.

A UR decision dated 10/27/14 denied the request for Ativan 0.5 mg #60, with 2 refills. It is not recommended for long-term use at its long-term efficacy is unproven and there is a risk for dependence. It also denied Zolpidem 10 mg #30 with 2 refills. It is not recommended for long-term use at its long-term efficacy is unproven and there is a risk for dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg # 60 with two refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Benzodiazepines

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines and ODG state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The appeal letter argues that Ativan is being prescribed by a psychiatrist. However, that does not change the fact that the patient is being treated for anxiety disorder with Ativan. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Guidelines state that a more appropriate treatment for anxiety disorder is an antidepressant, which the patient is already on. Therefore, the request for Ativan 0.5 mg #60 with 2 refills is not medically necessary.

Zolpidem 10 mg # 30 with two 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 (ODG) Ambien

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, Ambien; FDA (Ambien)

Decision rationale: CA MTUS does not specifically address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The appeal letter argues that Ambien CR has been approved for more long-term treatment of insomnia, up to 24 weeks, and that this should apply to intermediate release Ambien as well. However, it is specifically Ambien CR that has been approved, and since the formulations are different, this does not apply to regular Ambien. Furthermore, though a medication is approved for long-term use, it should only be done if absolutely necessary. There is no documentation of attempts at weaning Ambien, or documentation of recurrence of insomnia after discontinuation of Ambien. In general, this medication should be used for the shortest time period possible. Therefore, the request for Zolpidem 10 mg #30 with 2 refills is not medically necessary.