

<b>Case Number:</b>	CM14-0197308		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	07/20/2007
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 forty eight year old who sustained a work-related injury on July 20, 2007. A request for Ambien 10 mg #30 with 2 refills and Xanax 0.5 mg #90 with 2 refills was non-certified by Utilization Review (UR). The UR physician utilized California (CA) MTUS Chronic Pain Treatment Guidelines in the determination. The UR physician determined that according to CA MTUS, benzodiazepines and Ambien are not recommended for long-term use and the documentation supported that the request for Xanax and for Ambien would exceed the guidelines for short-term use. A request for Independent Medical Review (IMR) was initiated on November 18, 2014. A review of the medical documentation submitted for IMR included a physician's evaluation of October 9, 2014. The physician documented that the injured worker was seen for medication management of depression, anxiety and stress-related medical complaints. The evaluating provider documented that the injured worker expressed depression, changes in appetite and sleep disturbance. Prescriptions for Xanax, Tylenol #4, Ambien and Wellbutrin were provided for the injured worker. Of note, the medical records provided for IMR were not as extensive as the medical records provided for Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg 1 tablet PO qhs #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, Zolpidem

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

**Decision rationale:** State of California MTUS and ACOEM are silent in regards to use of soporific medication. The ODG indicate that sleeping medications are not appropriate for long term use. While duration is not recommended, the provider has not submitted adequate clinical information to justify use of this medication for more than a few weeks. As such, medical necessity for a three month supply of Zolpidem 10 mg is not established according to the Official Disability Guidelines.

**Xanax 0.5mg 1 tab po prn tid #90 with 2 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 Pain Interventions and Treatments Page(s): 24.

**Decision rationale:** The State of California MTUS indicates that Benzodiazepines are not recommended for long term use and indicates a maximum duration of 4 weeks. The provider submitted very little clinical information and there is no evidence of need for longer term use of this medication. As such the medical necessity for the request for Xanax 0.5 mg TID is not established according to the above evidence based guideline.