

Case Number:	CM14-0199914		
Date Assigned:	12/10/2014	Date of Injury:	05/26/2004
Decision Date:	01/23/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Pain Medicine 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 62 year-old female with an original date of injury on 5/26/2004. The mechanism of injury was not provided. The industrially related diagnoses are intervertebral cervical disc syndrome, post-operative C5-6 and C6-7 anterior cervical discectomy and fusion with bone graft, intervertebral lumbar disc syndrome, left shoulder impingement, gastritis, depression, anxiety, and psychological factors associated with disease classified elsewhere. The patient was given Ativan, Ambien, Prozac and Wellbutrin by a psychiatrist on 10/10/2014. The disputed issues are the request for Ativan 0.5mg quantity of 60 tablets and Ambien 5mg quantity of 90 tablets. A Utilization Review dated 11/11/2014 has non-certified these requests. The stated rationale for denial of Ativan was the guidelines recommend short-term use of benzodiazepines due to risk of dependency and long term efficacy is unproven. The current documentation does not clearly specify rationale for the Ativan prescription, no reported treatment response, side effects, duration, or risk of abuse. With regards to Ambien, the Utilization Review stated this medication is not recommended for long-term use. The provided documentation does not discuss the duration of management, side effects, and no indication of response to Ambien. Therefore, these requests were not non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan #90: 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: A progress note on date of service 10/10/2014, the patient was prescribed on Prozac, Wellbutrin, Ativan, and Ambien at the same time for the treatment of depression and anxiety. It is unclear if the patient has been taking these medications on an ongoing basis or it was initiated on that day. If the medication has been used in an ongoing basis, there's no documentation of improvement of symptoms of anxiety from Ativan. If this medication is just being initiated, the recommendation from MTUS Chronic Pain Medical Treatment Guidelines state a more appropriate treatment for anxiety disorder is an antidepressant. The 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 week. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Given these factors, the currently requested Ativan (Lorazepam) is not medically necessary.

Ambien #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 (ODG), Pain Chapter

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

Decision rationale: A progress note on date of service 10/10/2014, the patient was prescribed on Prozac, Wellbutrin, Ativan, and Ambien at the same time for the treatment of depression and anxiety. According to the Official Disability Guidelines, Ambien (Zolpidem) is recommended for short-term (7-10 days) for treatment of insomnia. There is documentation of sleep disturbance; however, no diagnosis of insomnia is made on any of the documentation provided. In addition, there was no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. In the absence of such documentation, the currently requested Zolpidem (Ambien) is not medically necessary.