

Case Number:	CM14-0202104		
Date Assigned:	12/12/2014	Date of Injury:	04/25/2006
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, depression, and drug abuse reportedly associated with an industrial injury of April 20, 2006. In a Utilization Review Report dated November 5, 2014, claims administrator denied Ambien, approved Norco, approved Colace, approved Cymbalta, approved Wellbutrin, and denied Xanax. The claims administrator referenced an RFA form of October 29, 2014 and a progress note of August 26, 2014 in its determination. The claims administrator did state that the applicant had issues with previous marijuana abuse and amphetamine abuse. The applicant's attorney subsequently appealed. In a handwritten note dated April 29, 2014, the applicant received refills of Subutex, Xanax, Wellbutrin, Cymbalta, Colace, and Ambien. On April 1, 2014, the applicant received refills of Subutex, Xanax, Wellbutrin, Cymbalta, Colace, and Ambien. In an associated progress note dated April 1, 2014, it was stated that the applicant was pending a lumbar radiofrequency ablation procedure. The applicant was placed off of work, had been deemed disabled, and was receiving both Workers' Compensation indemnity benefits and disability insurance benefits, it was suggested. On May 14, 2014, the applicant was again described as using Subutex, Xanax, Ambien, Wellbutrin, Cymbalta, tizanidine, and Colace. The applicant stated that her depression was responding well to psychotherapy. It was suggested (but not clearly stated) that the applicant was employing Xanax and Cymbalta for anxiolytic and/or sedative effect purposes. In an October 21, 2014 progress note, the applicant again reported ongoing complaints of neck pain, back pain, anxiety, and depression. The applicant was on Xanax, Ambien, Cymbalta, Wellbutrin, Norco, and Colace, it was acknowledged. The applicant's primary stated diagnoses were chronic neck pain status post cervical fusion surgery, depression, and chronic low back pain. The applicant was given multiple medication refills. The applicant was placed off of work on this occasion as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg 1 at bedtime as needed #30: 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 Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the applicant has been using Ambien for a minimum of several months, as suggested on various progress notes interspersed throughout early, mid, and late 2014. Such usage, however, is incompatible with the FDA label. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support such usage. Therefore, the request was not medically necessary.

Xanax 0.5mg 1 twice daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47-402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant has been using Xanax, a benzodiazepine anxiolytic, for a span of several months, for anxiolytic effect. Such usage is incompatible with the short-term role for which Xanax is recommended, per page 402 of the ACOEM Practice Guidelines. The MTUS Guideline in ACOEM Chapter 3, page 47 further posits that an attending provider should discuss any other relevant information to manage expectations and proper use. In this case, the attending provider did not clearly state why the applicant was employing two separate anxiolytic/sedative agents, Xanax and Ambien. Therefore, the request was not medically necessary.

