

Case Number:	CM14-0203969		
Date Assigned:	12/16/2014	Date of Injury:	05/07/1998
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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:

This is a 65 year old male with a work related injury dated 05/07/1998 after being hit in the head by a frame while working as a housekeeping supervisor. According to a physician's report dated 06/26/2014, the injured worker presented with complaints of pain in back of neck with aching and burning. Diagnoses included degenerative disc disease, bilateral shoulder impingement syndrome, history of stress anxiety issues, sleep disturbance, and memory issues. Treatments have consisted of TNS (Trigeminal Nerve Stimulation), home exercise program which was taught in therapy, massage in the distant past which was somewhat helpful, physical therapy, traction, and medications. Diagnostic testing included a cervical MRI on 07/05/2012 which showed mild C3-4 intervertebral disc narrowing with endplate sclerosis, C4-5 min endplate spurring with very mild right foraminal narrowing, C5-6 3mm dorsal disc spur, and C6-7 3mm disc/spur which causes mild stenosis. Work status is noted as able to work in sedentary to semi-sedentary position. On 11/21/2014, Utilization Review non-certified the request for Xanax 03mg oral tablet, 0.5mg 1 po (by mouth) twice daily prn (as needed) Qty: 60 (1 refill) and Zolpidom Tartrate 10mg oral tablet, 10mg 1 tab at hs (bedtime) prn (as needed) Qty: 30 (1 refill) citing California Medical Treatment Utilization Schedule and Official Disability Guidelines. The Utilization Review physician stated that most guidelines limit use of benzodiazepines to 4 weeks and it appears it would be utilized longer than four weeks. In regards to the Ambien, the records indicate the patient has sleep issues and utilized Zolpidem for sleep, which increases sleep from 3 hours to 5 hours. However, use is not recommended beyond six weeks, as per guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 3mg oral tablet 0.5 mg 1po twice daily PRN QTY: 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(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5 mg one PO b.i.d. as needed # 60 PRN is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker's working diagnoses are degenerative disc disease with a history of C-5 - C6 herniated disc with radiculopathy; bilateral shoulder impingement syndrome, status post arthroscopic repair, improve; history of stress anxiety issues; sleep disturbance; and memory issues. The sole progress note in the record dated June 26, 2014 states Xanax 0.5 mg PID was denied. There is a notation adjacent to the denial that states 02 - 14. It is unclear whether that is denial from February 2014. Benzodiazepines are not recommended for long-term use (longer than two weeks). The guidelines generally apply to musculoskeletal issues. The indication for Xanax, from the medical record, is his anxiety. There are no short-term or long-term goals in terms of duration for Xanax 0.5 documented in the medical record. Additionally, there are memory issues documented in the medical record. This may pose a relative contraindication to benzodiazepine use. Consequently, absent the appropriate clinical indication/documentation with a timeframe to likely exceed the recommended guidelines and memory loss, Xanax 0.5 mg one PO b.i.d. as needed # 60 PRN is not medically necessary.

Zolpidem Tartrate 10mg oral table 10mg TAB as hs PRN QTY: 30 of 10mg: 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, Ambien (r) (Zolpidem Tartrate)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem 10 mg one tablet HS PRN #30 is not medically necessary. Zolpidem is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. They can be habit forming and may impair function and memory with an opiate pain relievers. In this case, there is a single progress note dated June 6, 2014. The injured worker's working diagnoses are degenerative disc disease with a history of C-5 - C6 herniated disc with radiculopathy; bilateral shoulder

impingement syndrome, status post arthroscopic repair, improve; history of stress anxiety issues; sleep disturbance; and memory issues. The documentation indicates the injured worker has some questionable memory issues. Zolpidem may impair function and memory more than an opiate-based medication. Additionally, Zolpidem is indicated for 7 to 10 days for treatment of insomnia. The documentation does not contain short and long-term goals for Zolpidem. As noted above, Zolpidem is indicated for short-term 7 to 10 days use. Consequently, absent the appropriate clinical indication and memory issues, Zolpidem 10 mg one tablet HS PRN #30 is not necessary.