

<b>Case Number:</b>	CM14-0206837		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	06/03/1992
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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:

The injured worker (IW) is a 72-year-old man with a date of injury of June 3, 1992. The mechanism of injury occurred as the IW was attempting to climb into his truck. His foot slipped and he fell on the tailgate, hitting his low back and falling on the ground. The injured worker's working diagnoses are lumbar disc disease; lumbar radiculitis; post laminectomy syndrome; chronic pain; and SI joint disease. Prior treatments have included physical therapy, surgeries, and medications. Pursuant to the progress note dated November 13, 2014, the IW complains of moderate to severe low back pain that is described as constant. He also has bilateral lower extremity radicular pain. Examination of the lumbar spine reveals tenderness over his bilateral paraspinals with spasms and trigger points. He has diminished sensation over the left anterolateral thigh and calf. Current medications include Percocet 5/325mg, Xanax 1mg, Pepcid 40mg, Ambien 10mg, and Gabapentin 300mg. There were no subjective complains regarding insomnia in the medical record. There is no documentation by the treating physician regarding insomnia in the medical record. The IW has been taking the aforementioned medications since at least May 29, 2014, according to a progress note with the same date. These were documented as refills. It is unclear as to how long the IW has been taking these medications, specifically Ambien, and Xanax. There is no evidence of objective functional improvement associated with the ongoing use of Ambien and Xanax. The current request is for Ambien 10mg, and Xanax 1mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 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- Treatment of Insomnia- 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 Section, Ambien/Zolpidem.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg is not medically necessary. Ambien (Zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are lumbar disc disease; lumbar radiculitis; post laminectomy syndrome; chronic pain; and SI joint disease. There is no discussion in the November 13, 2014 progress note regarding sleep difficulties or insomnia. Additionally, Ambien is recommended for short-term (7 to 10 days treatment) of insomnia. The injured worker has been taking Ambien since May 29, 2014 according to the documentation in the medical record. Consequently, absent compelling clinical facts to support the ongoing use of Ambien and treatment guidelines recommending short-term (7 to 10 days) treatment of insomnia, Ambien 10 mg is not medically necessary.

**Xanax #90:** 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 #90 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 on the treatment of choice in very few conditions. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are lumbar disc disease; lumbar radiculitis; post laminectomy syndrome; chronic pain; and SI joint disease. The year of injury for this injured worker was 1992. The drug Xanax first appears in the May 29, 2014 progress note. Xanax is not recommended for long-term use (longer than two weeks). There is no documentation in the medical record to support the ongoing use of Xanax. Additionally, there is no documentation evidencing Xanax's efficacy or objective functional improvement. Consequently, absent compelling clinical facts support the ongoing use of Xanax and guideline recommendations not recommending Xanax for long-term use (longer than two weeks); Xanax #90 is not medically necessary.

