

Case Number:	CM15-0007280		
Date Assigned:	01/27/2015	Date of Injury:	02/16/2010
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury on 03/03/1996. A special report, dated 12/17/2014, shows that the injured worker's medications had been denied. It was stated that it was necessary for her to continue her psychotropic medications. It was noted that she had been using lorazepam for generalized anxiety disorder and that the medication should be continued. It was also noted that the injured worker had been experiencing depression, nervousness, and irritability and fatigue, and was using Wellbutrin for this. Documentation regarding how long the injured worker had been using these medications, as well as her response to Ambien was not documented. The treatment plan was for Ambien 10 mg #30 with 2 refills and lorazepam 0.5 mg #60 with 2 refills. Rationale for treatment was to continue to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg, #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines indicate that Ambien is recommended for the treatment of insomnia for the short term use of 7 to 10 days. The documentation provided fails to indicate that the injured worker has a diagnosis of insomnia or that she has had a satisfactory response to this medication to support a continuation. Also, it is unclear how long the injured worker has been using this medication, and without this information, continuing would not be supported as it is only recommended for the short term use of 7 to 10 days. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Lorazepam 0.5mg, #60 with 2 refills: 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 Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not indicated for long term use and use should be limited to 4 weeks. Based on the clinical documentation submitted for review, the injured worker was noted to be taking this medication for generalized anxiety disorder. However, the duration of use was not evident within the clinical documentation. Without knowing how long the injured worker has been treated with this medication, continuation would not be supported as it is only recommended for short term treatment. Also, the frequency of the medication was not stated within the request, and refills of this medication would not be supported without an evaluation of the injured worker to determine treatment success. Therefore, the request is not supported. As such, the request is not medically necessary.