

Case Number:	CM15-0102322		
Date Assigned:	06/04/2015	Date of Injury:	06/07/2003
Decision Date:	07/10/2015	UR Denial Date:	05/03/2015
Priority:	Standard	Application Received:	05/27/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 71 year old female who sustained an industrial injury on 06/07/03. Initial complaints and diagnoses are not available. Treatments to date include medications and Synvisc injections to the right knee. Diagnostic studies are not addressed. Current complaints include right knee pain, depression, and anxiety. Current diagnoses include radiculopathy upper extremity, lumbosacral spondyloses, lumbar disc displacement, and depressive disorder. In a progress note dated 04/23/15 the treating provider reports the plan of care as Ambien, Xanax, and Wellbutrin. The requested treatments include Ambien and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg #90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to 4 weeks. Tolerance develops rapidly and an antidepressant is a more appropriate treatment for anxiety disorder. In this case, the patient has been maintained on Xanax chronically, which is not recommended for the foregoing reasons. Therefore the request is not medically necessary.

Ambien 10 mg #60 with 1 refill: 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).

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 chapter, Zolipidem.

Decision rationale: CA MTUS does not address Ambien. The ODG states that Ambien is not recommended for chronic or long-term use. In this case, the patient also has concomitant depression which may be causing the insomnia. Optimizing the dosage of the antidepressant should be attempted to resolve the insomnia. The dosage of 10 mg is too high for an elderly patient and increases the chances of side effects, including memory loss and confusion. This patient has exceeded the short-term usage recommendation of 2-3 weeks and the request is not medically necessary.