

<b>Case Number:</b>	CM15-0104641		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	09/26/2000
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 59 year old female, who sustained an industrial injury on 9/26/00. The diagnoses have included depression and anxiety and stress related medical complaints. Treatment to date has included medications, activity modifications, off work, diagnostics, acupuncture, psychiatric and Cognitive Behavioral Therapy (CBT). Currently, as per the physician progress note dated 3/23/15, the injured worker complains of depression, change in appetite, sleep disturbance, lack of motivation, excessive worry, restlessness, disturbing memories, difficulty falling asleep, unable to concentrate, decreased energy, panic attacks, difficulty staying asleep, palpitations, and shortness of breath. Following the treatment she was able to concentrate better, comprehend television and sleep better. She demonstrated less yelling, increased interest in activities, less fatigued, less depressed, less hopeless, less nervous and less panicky. The physical exam reveals that she was visibly anxious and appeared pressured. She was casual and soft-spoken. The current medications included Ambien, Xanax, Wellbutrin, Buspar and Sertraline. The urine drug screen dated 12/18/14 was inconsistent with the medications prescribed. The physician requested treatments included Xanax 0.5mg tablet, two (2) times per day, #60 with 2 refills and Ambien 10mg every bedtime, #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg tablet, two (2) times per day, #60 with 2 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment.

**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 0.5mg two times per day #60 with two refills is 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. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are major depressive disorder single episode, unspecified; generalized anxiety disorder; and psychological factors affecting medical condition. The treating psychiatrist prescribed Xanax. Ongoing Xanax in excess of the recommended guidelines, according to the Official Disability Guidelines, is clinically indicated. Psychiatric evaluation provides a compelling rationale to warrant ongoing Xanax 0.5 mg. The injured worker suffers with generalized anxiety disorder. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, ongoing treatment with a board-certified psychiatrist for generalized anxiety disorder, Xanax 0.5mg two times per day #60 with two refills is medically necessary.

**Ambien 10mg every bedtime, #30 with 2 refills: 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, Zolpidem (Ambien); Insomnia treatment.

**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.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg one tablet at bedtime #30 with two refills is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are major depressive disorder single episode, unspecified; generalized anxiety disorder; and psychological factors affecting medical condition. The guidelines recommend Ambien for short-term (7 - 10 days) treatment of insomnia. It is unclear

how long the injured worker had been using Ambien according to the medical records available for review. A #30 count prescription for Ambien with two refills exceeds the recommended guidelines for short-term use (7-10 days). Ambien CR is approved for chronic use. Chronic use of hypnotics in general is discouraged as outlined in the insomnia treatment section of the guidelines. The dose for Ambien in women should be lowered from 10 mg to 5 mg for immediate release products. The treating provider prescribed Ambien 10 mg. Consequently, absent clinical documentation with compelling clinical facts indicating Ambien 10 mg is indicated, in lieu of Ambien 5 mg for immediate release products (according to the guidelines), and a clinical rationale for Ambien versus Ambien CR (approved for chronic use), Ambien 10 mg one tablet at bedtime #30 with two refills is not medically necessary.