

<b>Case Number:</b>	CM15-0105997		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for major depressive disorder (MDD), generalized anxiety disorder, and chronic pain syndrome reportedly associated with an industrial injury of September 24, 2009. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for Ambien and Ativan. A partial approval for Ativan was issued, apparently for weaning or tapering purposes. The claims administrator referenced an April 17, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated June 12, 2015, the applicant was apparently asked to continue Zoloft, Ativan, and Ambien. The note was quite difficult to follow and did not incorporate much discussion of medication efficacy. It was stated that the applicant was complying with his medications. The applicant was apparently asked to continue Ativan, Ambien, and Zoloft. The applicant's work status was not specified. In an earlier note dated April 17, 2015, the applicant was again asked to continue and/or given renewals of Ambien, Ativan, and Zoloft. The attending provider stated that the applicant was complying with his medications and denied any side effects. It was stated in one section of the note that the applicant was less depressed, while another section of the note stated that the applicant remained upset. Overall commentary was sparse. On February 6, 2015, the applicant maintained that he slept better while on his medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ambien 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation U. S. Food and Drug Administration INDICATIONS AND USAGE. Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the request represented a renewal request for Ambien and, thus, represented treatment in excess of the FDA label. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence so as to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

**1 prescription of Ativan 1mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** Similarly, the request for Ativan, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, it appeared that the attending provider and/or applicant were intent on employing Ativan for chronic, long-term, and/or nightly-use purposes, for anxiolytic effect. This was/is not, however, an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.