

<b>Case Number:</b>	CM15-0130933		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/18/2001
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 54 year old male, who sustained an industrial injury on 12/18/01. He reported a crush injury to his left foot when machinery he was working with was struck by a forklift. The injured worker was diagnosed as having chronic pan syndrome, morbid obesity and depression. Treatment to date has included chiropractic treatment, physical therapy, oral medications including Cymbalta 60mg, Ambien CR 12.5mg, Valium 10mg, Concerta 54mg and Ibuprofen 800mg; topical Lidoderm patch, injections, excision of a neuroma of left foot and braces. Currently on 5/28/15, the injured worker complains of severe low back pain, he notes he has not been able to exercise because of his pain. The injured worker also notes he is not able to get his Gabapentin, Cymbalta or Dilaudid. Physical exam on 5/29/15 revealed an obese man who is moderately uncomfortable and ambulating with a single point cane. Psychiatric treatment evaluation performed on 6i/9/15 noted he now has all of his medications; however he has become increasingly depressed and suicidal regarding his financial problems; he is unable to sleep with Ambien due to the back pain and the medication was changed to Ambien CR. A request for authorization Quetiapine 100mg #30, Diazepam 10mg #60, Zolpidem ER 12.5mg #30, Methylphenidate ER 54mg #30 and Duloxetine 60mt #30 on 6/17/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10 mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines, Diazepam.

**Decision rationale:** According to CA MTUS guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Diazepam is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Diazepam for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that support the long-term use of benzodiazepines. In this case, the injured worker has utilized diazepam since at least 2012. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Zolpidem ER12.5 mg #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 (ODG), Mental Illness and Stress Chapter, Zolpidem.

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

**Decision rationale:** Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term treatment of insomnia (two to six weeks). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. This can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, Ambien CR has been used for greater than 6 months. The injured worker has been using Zolpidem since at least 2012 and has a diagnosis of depression; there is risk of depression indicated with use of this medication. There is no documentation provided indicating medical necessity for Ambien CR. The requested item is not medically necessary.

**Quetiapine 100 mg #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 (ODG), Mental Illness and Stress Chapter, Seroquel Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Atypical Antipsychotics: Seroquel.

**Decision rationale:** According to the ODG, Seroquel (Quetiapine) is an atypical anti-psychotic medication. Anti-psychotic drugs are not recommended as first-line treatment to treat behavioral problems. There is insufficient evidence to recommend atypical anti-psychotics, such as, Seroquel, for conditions covered in ODG. There is insufficient evidence to recommend atypical anti-psychotics for the treatment of PTSD. In addition, there is no specific documentation indicating that this medication is indicated for the treatment of a chronic pain condition. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.