MAXIMUS Federal Services

Case Number:	CM15-0132358		
Date Assigned:	07/20/2015	Date of Injury:	09/01/2009
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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
Certification(s)/Specialty: Emergency 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 (IW) is a 55-year-old male who sustained an industrial injury on 09/01/2009. Diagnoses include major depression, severe, with previous psychotic features; panic disorder without agoraphobia. Treatment to date has included medications and psychiatric therapy. According to the progress notes dated 6/4/15, the IW reported less anxiety, tension, irritability, panic attacks and depression. He denied crying episodes and suicidal ideation. He rarely had feelings of hopelessness. His insomnia was reportedly reduced and his memory and concentration were slightly better. He also reported low energy and sociability; sexual activity was low due to pain. He confirmed audio hallucinations of someone calling his name and denied visual hallucinations. Medications were Zoloft, Ativan, Ambien and Cymbalta. On examination, the provider noted the IW was better mentally with a good response to treatment. A request was made for Ativan 1mg, #120 with 1 refill per 06/04/15 order and Ambien 10mg, #60 with 1 refill per 06/04/15 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23-24.

Decision rationale: Ativan is a benzodiazepine. As per MTUS chronic pain treatment guidelines it is not recommended. There is a high risk of dependence and tolerance. It may be considered in situations where there is overwhelming symptoms but there is no documentation of these symptoms and number of tabs prescribed does not support intermittent use. Chronic use is not recommended for anxiety and can worsen anxiety if used chronically. Anti-depressants and other modalities are more appropriate for anxiety treatment. The number of tablets requested and refill is not medically necessary or appropriate. Ativan is not recommended.

Ambien 10mg, #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), Pain, Zolpidem (Ambien).

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

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Ambien is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. Patient has been on Ambien chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription is excessive especially with refills and is not consistent with short term use or attempts to wean patient off medication. The chronic use of Ambien is not medically appropriate and is not medically necessary.