MAXIMUS Federal Services

Case Number:	CM15-0133982		
Date Assigned:	07/22/2015	Date of Injury:	04/02/2008
Decision Date:	09/01/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: Iowa
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 injured worker is a 33 year old male, who sustained an industrial injury on 04-02-2008. Initial complaints and diagnosis were not clearly documented, although it is mentioned that the current psychiatric issues are at least partially related to chronic pain. On a provider visit dated 06-11-2015 the injured worker reported anxiety. On examination the injured worker was noted to have an appropriate affect, the injured worker was noted as being less anxious. No suicidal or homicidal ideation was noted. The diagnoses have included panic disorder, mood disorder and bipolar disorder. Treatment to date has included medication and a psychiatric hospitalization. The treating physician has requested Alprazolam and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg #60: Upheld

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

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

medications in chronic pain and Other Medical Treatment Guidelines Up-to-date: Pharmacotherapy for generalized anxiety disorder.

Decision rationale: MTUS only references benzodiazependes in relation to chronic pain and does not comment significantly on use for primarily psychiatric indications. ODG states that for Generalized Anxiety Disorder, benzodiazepenes are effective for acute treatment. Long-term use is problematic as few patients achieve and sustain remission with monotherapy. These agents are used primarily as an adjunct for stabilization during initiation of an SSRI or SNRI. Up-to-date indicates that lorazepam can be efficacious in treating generalized anxiety disorder, but should be used with caution. The information states that typical treatment is usually in combination with an antidepressant to counteract initial side effects of antidepressants, followed by tapering. It recommends that benzodiazepenes principally be used in patients with chronic generalized anxiety disorder and minimal current depressive symptoms. It does not recommend use in patients with concommitant depression, as many antidepressants treat both symptoms adequately. Medical documentation on this case is limited to several very brief notes by the treating physician, which are narrative in format and do not clearly list all diagnoses and rationale for medication use. The treating physician states patient has both anxiety and depressive symptoms, but does not detail the need for separate treatment. Also, the medication appears to have been utilized for an extended duration. The need for tapering is mentioned but not clearly described. The patient is also on multiple other psychiatric medications, and the benzodiazepene does not appear to be used as part of an initial stabilization phase. Pain is not clearly mentioned as a cause for medication use, but would also not be a recommended indication. Therefore, the request for Alprazolam 2 mg #60 is not medically necessary at this time.

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 (ODG), Pain, Zolpidem (Ambien), Mental Illness & Stress, 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: Zolpidem, Insomnia treatment.

Decision rationale: Ambien (Zolpidem) is a short acting, non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. MTUS does not provide recommendations on use of this medication. ODG recommends teaching and practicing proper sleep hygiene prior to initiation of medication and diagnosis of the specific component of insomnia to be addressed, prior to initiation of sleep medication. Sleep hygiene recommendations include: a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Specific components of insomnia include: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical documentation does not indicate documentation of discussion of sleep

hygiene, diagnosis of the sleep component at issue, response to prior first-line therapies, or the need for sleep medication. The patient appears to have been taking this medication for an extended period of time. There has been no documented discussion of the patient's sleep hygiene or additional information to justify use of the medication. There is minimal documentation relating to the current need to continue this therapy. Therefore the request for Ambien 10 mg #30 is not medically necessary at this time.