

Case Number:	CM15-0134379		
Date Assigned:	07/22/2015	Date of Injury:	09/19/2011
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient who sustained an industrial injury on 09/19/2011. The injured worker was employed as a phlebotomist and noted last worked on 05/24/2012. The accident was described as while working the front desk she turned in motion towards the copier running into a chair that wedged the lower part of her leg under her knee. Her upper body lunged forward, hyperextended and with immediate pain, swelling after having heard a snap. A primary treating office visit dated 09/25/2012 reported present subjective complaint of having right knee pain, stiffness, numbness and decreased range of motion that goes to the ankle and gets worse with walking, standing, and or sitting. Another follow up visit dated 12/26/2013 reported subjective complaint of bilateral knee pain, left greater. She did state there is a pending surgical consultation. She was diagnosed with: depressive disorder, bursitis of knee, and tear medial meniscus knee. The patient underwent a left knee arthroscopy on 03/16/2014. An orthopedic follow up visit dated 03/28/2014 reported no subjective complaint and she continues with physical therapy session. She is with increased range of motion and incisions are benign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter.

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

Decision rationale: The claimant sustained a work injury in September 2011 and underwent left knee arthroscopy in March 2014. She is also receiving psychiatric treatments. She has diagnoses including depression and anxiety. She has a low energy level and has insomnia. When seen, her diagnosis was major depressive disorder. Medications were prescribed. These included Wellbutrin SR, Prozac, Ativan, and Ambien. The claimant's BMI is nearly 30. Ativan is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. A more appropriate treatment for anxiety disorder would be an antidepressant. In this case, the claimant has been prescribed Xanax on a long-term basis. If being used for anxiety, there are other preferred treatments. Continued use of Ativan may actually be increasing her anxiety. Ongoing prescribing was not medically necessary.

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 chapter-Ambien (Zolpidem).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in September 2011 and underwent left knee arthroscopy in March 2014. She is also receiving psychiatric treatments. She has diagnoses including depression and anxiety. She has a low energy level and has insomnia. When seen, her diagnosis was major depressive disorder. Medications were prescribed. These included Wellbutrin SR, Prozac, Ativan, and Ambien. The claimant's BMI is nearly 30. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. She is obese and may have obstructive sleep apnea. Whether the claimant has primary or secondary insomnia has not been determined. The requested Ambien was not medically necessary.