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| Case Number: | CM15-0134808 | | |
| Date Assigned: | 08/20/2015 | Date of Injury: | 04/23/2013 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 07/02/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

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 35-year-old who has filed a claim for chronic knee, ankle, and neck pain reportedly associated with an industrial injury of April 23, 2013. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for Xanax and Ambien. The claims administrator cited progress notes of April 30, 2015 and June 25, 2015 in its determination. Non-MTUS ODG Guidelines were invoked in both cases. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using tizanidine, Ambien, Xanax, Wellbutrin, Norco, Naprosyn, and Colace, it was reported. The applicant had received epidural steroid injection therapy, it was reported. The applicant was permanent and stationary, it was reported. 7/10 multifocal pain complaints were reported. The applicant presented with primary complaints of low back pain superimposed on issues with depression, fatigue, insomnia, and psychological stress. Multiple medications were renewed. It did not appear that the applicant was working with permanent limitations in place. On June 2, 2015, the medical-legal evaluator seemingly suggested that the applicant had failed to return to work from a mental health standpoint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg, quantity: #90 refill: 1: 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 (Chronic).

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

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for brief periods in cases of overwhelming symptoms, here, however, the 90-tablet, one-refill supply of Xanax at issue implies chronic, long-term, and/or thrice daily usage of the same, i.e., usage well in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Ambien 5 mg, quantity: #30, refill: 1: 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 (Chronic).

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 Official Disability Guidelines (ODG) Zolpidem (Ambien), Mental Illness & Stress and Other Medical Treatment Guidelines U.S. Food and Drug Administration, Ambien short term Insomnia treatment.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise 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 Administrator (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In a similar vein, ODG's Mental Illness and Stress Chapter, Zolpidem topic also notes that zolpidem or Ambien is not recommended for long-term use purposes, but rather should be reserved for short-term use purposes. Here, thus, the 30-tablet, one-refill supply of Ambien at issue represents treatment which runs counter to both the FDA label and the ODG position on the long-term usage of the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. Here, however, the attending provider's April 24, 2015 progress note did not clearly state why the applicant was being furnished with two potentially sedating medications, Xanax and Ambien. Therefore, the request was not medically necessary.

