

Case Number:	CM15-0145071		
Date Assigned:	08/06/2015	Date of Injury:	02/25/2009
Decision Date:	09/29/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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 [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), and insomnia reportedly associated with an industrial injury of February 23, 2009. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve requests for Xanax and Ambien. A partial approval of Xanax was apparently issued for tapering purposes. The claims administrator referenced a June 9, 2015 date of service in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 9, 2015, 90 tablets of Xanax, 90 tablets of Ambien, and a psychiatric follow-up visit were endorsed. In a work status report dated June 9, 2015, the applicant's psychiatrist contended, admittedly through preprinted checkboxes, that the applicant had plateaued and that no further improvement was expected in terms of the applicant's issues with anxiety and depression. It did not appear that the applicant was working, although this was not explicitly stated. Xanax and Ambien were endorsed. The applicant continued to report issues with sleep, low energy levels, concentration, and emotional disturbance, it was reported. The attending provider contended, in a highly templated fashion, that the applicant's medications were needed to allow, "even minimal functioning." In an earlier note dated May 29, 2015, Xanax and Ambien were both renewed for ongoing issues with anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: 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 renewal or extension request for 90 tablets of Xanax implied chronic, long-term, and/or daily usage of Xanax, for sedative and/or anxiolytic effect, i.e., usage well in excess of the short-term role for which anxiolytics are recommended, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Ambien 10mg, QTY: 90: 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), Zolpidem (Ambien).

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) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration, Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

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 Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. ODG's Mental Illness and Stress Chapter Zolpidem topic also notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the 90-tablet renewal request for zolpidem (Ambien), in and of itself, represented treatment in excess of both the FDA label and the ODG position on the same. Therefore, the request was not medically necessary.