

Case Number:	CM15-0149489		
Date Assigned:	08/12/2015	Date of Injury:	08/01/2006
Decision Date:	09/15/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	07/31/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 56 year old female who sustained an industrial injury on August 01, 2006. On July 24, 2015 she underwent a psychiatric follow up that reported the worker not obtaining medications Geodon, Ambien, and Clonazepam. She only got Lexapro. She has more depression, anxiety, and crying spells. She also states getting Ambien from another provider and it's offering a good night's sleep. The assessment found symptom and sign of major depression disorder, generalized anxiety disorder and sleep disorder. The plan of care noted Lexapro, Geodon, Clonazepam, Ambien, and follow up in 6 weeks. Psychiatric follow ups dated June 12, 2015, and May 08, 2015, showed no changes from the previous visit. A primary treating office visit dated May 12, 2015 reported subjective complaint of pain management for chronic pain requiring Hydrocodone. Objective findings showed decreased range of motion of back, ankle and knees. Treating diagnoses were as followed: ankle sprain; adjustment disorder with depressed mood; abnormality of gait, and knee leg sprain. She is prescribed a light work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 (refill x 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).

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), Zolpidem (ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The documentation submitted for review does note that the injured worker had improved sleep with the use of this medication. However, Ambien has been used since 2011. As it is recommended only for short term use, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.

Clonazepam 0.5mg #60 (Refill x 1): Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication long term since 2011. As the treatment is not recommended for long term use, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.