

Case Number:	CM15-0162185		
Date Assigned:	08/28/2015	Date of Injury:	01/23/2010
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/18/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 55 year old female, who sustained an industrial injury on 1-23-2010. She reported neck and back pain. The mechanism of injury is unclear. The injured worker was diagnosed as having major depressive disorder single episode severe without psychotic features, gastritis, sleep disorder rule out obstructive sleep apnea, irritable bowel syndrome, internal hemorrhoids, weight gain, diabetes, history of H pylori, blurred vision, chest discomfort, hyperlipidemia, and hypertension. Treatment to date has included medications, cognitive behavioral therapy, medical legal evaluation (7-28-2015). The request is for Ativan and Ambien. On 11-6-2014, she reported feelings of dejection and anxiousness due to non-resolution of her pain. She indicated there had been an increase in her pain. The treatment plan included: individual therapy, group therapy, psychopharmacology management, Zoloft, Abilify, Klonopin, Ativan, Ambien, Wellbutrin, and Fioricet. She is off work. On 6-19-2015, she remains off work; She reported continued neck and back pain. She indicated her medications help to reduce the pain. Her pain makes her feel depressed. She also reported feelings of paranoia. She is noted to be in a distressed mood, anxious and shifting positions frequently due to pain. The treatment plan included: individual psychotherapy and group therapy, psychopharmacology management, homecare and transportation. On 7-14-2015, she reported continued constipation. She indicated there were no changes to her right upper quadrant abdominal pain, depression, anxiety, bloating and palpitations, and blurred vision. On 7-31-2015, she remains off work. She reported feeling more anxiety. Objective findings revealed her to be tired, lethargic, and lacking energy. She is noted to benefit from cognitive behavioral therapy, individual is helping, and group therapy was

felt to be unnecessary at this time. The treatment plan included: individual psychotherapy sessions, psychopharmacology management, homecare and transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 1, 8-9, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, benzodiazepines, Lorazepam.

Decision rationale: The CA MTUS does not directly address Ativan (Lorazepam); however does address benzodiazepines. Per the CA MTUS, benzodiazepines are 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Per the ODG guidelines, Lorazepam is not recommended. The ODG guidelines state that Benzodiazepines are Not Recommended as first-line medications by ODG. The criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this case, there is indication of long-term use of Ativan without noted benefit. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Ativan 1mg #15 is 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, Pain (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; MTUS (2009), 9792.20; Functional restoration approach to chronic pain management Page(s): 1, 8-9, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, insomnia, sedative hypnotics, Ambien (Zolpidem).

Decision rationale: The CA MTUS does not specifically address Ambien or sedative hypnotics with the exception of benzodiazepines. Per the ODG guidelines, Ambien (Zolpidem tartrate) is a prescription for short acting non-benzodiazepine hypnotic, which is recommended for short term (7-10) day's 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. Ambien CR offers no significant clinical advantage over regular release zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged, as outlined in Insomnia treatment. Ambien CR causes a greater frequency of dizziness, drowsiness, and headache compared to immediate release zolpidem. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products (Ambien, Edluar, Zolpimist, and generic) and from 12.5 mg to 6.25 mg for ER products (Ambien CR). The ER product is still more risky than IR. In laboratory studies, 15% of women and 3% of men who took a 10-milligram dose of Ambien had potentially dangerous concentrations of the drug in their blood eight hours later. Among those who took Ambien CR, the problem was more common: 33% of women and 25% of men had blood concentrations that would raise the risk of a motor vehicle accident eight hours later. Even at the lower dose of Ambien CR now recommended by the FDA, 15% of women and 5% of men still had high levels of the drug in their system in the morning. According to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no current sleep assessment. She is reported to be undergoing cognitive behavioral therapy. She remains off work. She is noted to have been utilizing Ambien on a long-term basis without noted significant benefit. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Ambien 10mg #30 is not medically necessary.