

Case Number:	CM15-0162816		
Date Assigned:	08/31/2015	Date of Injury:	01/07/2003
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/19/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old female, who sustained an industrial injury on January 7, 2003. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, back, knee and shoulder complaints. The diagnoses have included chronic depression, anxiety, upper extremity radiculopathy, lumbar disc displacement, internal derangement of the knee, cervical degenerative disc disease, myospasms with myofascial trigger points, right shoulder internal derangement, insomnia and depressive disorder. Treatment and evaluation to date has included medications, radiological studies, MRI, psychiatric assessments, epidural steroid injections, Synvisc injections, trigger point injections, home exercise program and a left total knee replacement. The injured worker is not working and was noted to be retired. Current documentation dated June 18, 2015 notes that the injured worker reported depression, decreased anxiety, insomnia due to pain, impaired memory and concentration and a low energy level. The injured workers judgment and insight were noted to be intact with no impaired reality testing. The treating physician's plan of care included requests for Ambien 10 mg # 60 With I refill and Xanax 1 mg # 90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60 with 1 refill: 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 Chapter (updated 07/15/15)-Online Version, Insomnia treatment.

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) Chapter, under Zolpidem (Ambien).

Decision rationale: The patient presents with depression, anxiety, and insomnia. The request is for Ambien 10mg #60 with 1 refill. The request for authorization is dated 07/16/15. Mental examination reveals she exhibits a less tense and dysphoric mood. There is an increase in smiling and laughing, and no weeping. Her focus, spontaneity and eye contact are good. There are no panic attacks or obsessive rituals. Thought content is less tense and dysphoric consistent with mood and circumstances. There is no thought disorder. She is well focused on the exam and answers questions promptly and appropriately. The patient denies psychotic symptoms or thoughts of harming self or others. She is correctly oriented as to time, place, person and purpose. Intelligence is estimated to be in the normal range. Judgment and insight are intact at this time with no impaired reality testing. Per progress report dated 08/19/15, the patient is to remain off-work. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. (Feinberg, 2008)" Per progress report dated 07/16/15, treater's reason for the request is "insomnia." Patient has been prescribed Ambien since at least 03/26/15. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for additional Ambien #60 with 1 Refill would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Xanax 1mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (updated 07/15/15)-Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents with depression, anxiety, and insomnia. The request is for Xanax 1mg #90 with 1 refill. The request for authorization is dated 07/16/15. Mental examination reveals she exhibits a less tense and dysphoric mood. There is an increase in

smiling and laughing, and no weeping. Her focus, spontaneity and eye contact are good. There are no panic attacks or obsessive rituals. Thought content is less tense and dysphoric consistent with mood and circumstances. There is no thought disorder. She is well focused on the exam and answers questions promptly and appropriately. The patient denies psychotic symptoms or thoughts of harming self or others. She is correctly oriented as to time, place, person and purpose. Intelligence is estimated to be in the normal range. Judgment and insight are intact at this time with no impaired reality testing. Per progress report dated 08/19/15, the patient is to remain off-work. MTUS, Benzodiazepines Section, page 24 states, "Not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." OGD Guidelines, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Per progress report dated 07/16/15, treater's reason for the request is "anxiety." MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. However, this patient has been prescribed Xanax since at least 03/26/15. This request for additional Xanax #90 with 1 Refill would exceed guidelines recommendation and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.