

Case Number:	CM15-0165434		
Date Assigned:	09/02/2015	Date of Injury:	12/16/2002
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old female, who sustained an industrial injury on 12-16-02. She has reported initial complaints of injury to the left foot while working. The diagnoses have included depressive disorder, panic disorder, back pain, bilateral leg pain, and multiple surgeries with pain. Treatment to date has included medications, psychiatric, activity modifications, durable medical equipment such as leg brace and wheelchair, diagnostics, lumbar spine stimulator, surgery, trigger point injections, Functional Capacity Evaluation (FCE), orthopedic shoes, cold therapy unit and urine drug screen. Currently, as per the physician progress note dated 6-11-15, the injured worker complains of back pain and both leg pain, anxiety, tension, irritability, quick temper, depression most of the time with crying episodes, insomnia, memory and concentration impairment, low energy level, and panic attacks. The current psyche medications included Wellbutrin, Ativan, Remeron, and Ambien. The objective findings-physical exam reveals that she exhibits a serious, tense and dysphoric mood. There is occasional weeping. She is anxious and depressive which is consistent with mood. She does serial sevens subtraction and cannot do and cannot identify the past 5 Presidents. The physician recommended medications. The physician requested treatment Ativan 2mg quantity of 60 and Ambien 10mg quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p24 Page(s): 24.

Decision rationale: The claimant has a remote history of a work-related injury in December 2002 as the result of a fall with an Achilles tendon rupture and has undergone multiple surgeries. She is being treated for low back and bilateral lower extremity pain. A spinal cord stimulator is being used. The claimant has depression and panic disorder. Left heel debridement in January 2015 was complicated by infection requiring another surgery in March 2015. She uses a power scooter and wheelchair. Remeron and Ambien are being prescribed. Remeron is referenced as being effective. The claimant has a GAF of 55. Psychiatric medications also include Wellbutrin and Ativan. Ativan (lorazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

Ambien 10mg qty: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers Compensation, 5th Edition, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a remote history of a work-related injury in December 2002 as the result of a fall with an Achilles tendon rupture and has undergone multiple surgeries. She is being treated for low back and bilateral lower extremity pain. A spinal cord stimulator is being used. The claimant has depression and panic disorder. Left heel debridement in January 2015 was complicated by infection requiring another surgery in March 2015. She uses a power scooter and wheelchair. Remeron and Ambien are being prescribed. Remeron is referenced as being effective. The claimant has a GAF of 55. Psychiatric medications also include Wellbutrin and Ativan. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with

pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The claimant is already taking an antidepressant and further treatment for depression could be considered as well as other medications for insomnia. The requested Ambien was not medically necessary.