

<b>Case Number:</b>	CM15-0169750		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/07/2011
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on February 7, 2011. He reported injury to right ankle and right knee. The injured worker was diagnosed as having chronic pain disorder with both psychological factors and orthopedic conditions, depression disorder not otherwise specified and cognitive disorder not otherwise specified. Treatment to date has included psychological treatment, surgery, physical therapy and medication. On May 20, 2015, the injured worker complained of physical pain, anxiety, depression, worry and sleep problems. He reported that his physical and emotional symptoms affect his quality of life and social relationships. He noted using coping skills from psychological treatment to improve his ability to fall asleep and for relaxation. The treatment plan included further psychological treatment. On July 27, 2015, utilization review denied a request for Ambien CR 12.5mg quantity of thirty with two refills and Xanax 0.5mg quantity of sixty with two refills. A request for Prozac 20mg quantity of sixty with two refills, Trazodone 50mg quantity of sixty with two refills and Bupropion 100mg quantity of sixty with two refills was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR (controlled release) 12.5 mg Qty 30 with 2 refills, 1 every night: 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 - Zolpidem (Ambien); 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 chapter and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) is not medically necessary.

**Xanax 0.5 mg Qty 60 with 2 refills, 1 as needed 2 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had used Xanax along with Ambien and antipsychotics and antidepressants increasing the risk of side effects and addiction. Continued and chronic use of Xanax is not medically necessary.