

Case Number:	CM15-0169785		
Date Assigned:	09/16/2015	Date of Injury:	04/10/2012
Decision Date:	10/20/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 52 year old male who sustained an industrial injury on 04/10/2012 when he fell off a ladder, injuring his neck, shoulder, and left knee. Treatment to date has included physical therapy, epidural steroid injections, and medications. He has had left knee MRI and EMG-NCV of the upper extremities, and X-rays of both knees. He has been taking lorazepam for anxiety due to chronic pain and Ambien for difficulty sleeping due to chronic pain since at least 2013, which he found helpful. UR of 08/04/2015 noncertified Ambien due to chronic use and modified Ativan for safe taper. He found his medications helpful. A progress note of 09/08/2015 by [REDACTED] indicated that the patient suffered from neck pain, radiculitis, left knee and bilateral shoulder pain. Pain was rated 3/10 with medications, 5/10 without. He scored 5 on the PHQ9, indicating a mild level of depression. He continued to suffer from anxiety and difficulty sleeping due to chronic pain. Due to difficulty obtaining medications, Ativan and Ambien were discontinued. Xanax was prescribed for anxiety and Lunesta for sleep. Other medications included ibuprofen and roxicodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg qty: 60: 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: Benzodiazepines are not recommended for long term use due to the potential for dependency and tolerance. Benzodiazepines are also not the treatment of choice for anxiety disorders. Ativan has been prescribed for this patient since at least 2013. A progress note of 09/08/2015 by [REDACTED] indicates that Ativan was discontinued, and Xanax was prescribed. This request is therefore 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 Treatments 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 CA-MTUS is silent regarding Ambien (zolpidem) Official Disability Guidelines Mental Illness & Stress Zolpidem.

Decision rationale: Ambien (zolpidem) is recommended for short term use of 2-6 weeks, it was prescribed since at least 2013. A progress note by [REDACTED] indicates that zolpidem was discontinued on 09/08/2015. This request is therefore not medically necessary.