

Case Number:	CM15-0185440		
Date Assigned:	09/25/2015	Date of Injury:	08/30/2008
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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: Preventive Medicine, Occupational Medicine

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 42-year-old male, who sustained an industrial injury on 8-30-2008. A review of the medical records indicates that the injured worker is undergoing treatment for post-traumatic stress disorder (PTSD), major depression, and male hypoactive sexual desire due to pain, depression, and PTSD. The most recent Treating Physician's report submitted for review dated 10-20-2014, noted the injured worker had a history of posttraumatic stress disorder and chronic pain syndrome, along with underlying hypertension and diabetes. The injured worker's medications were listed as Lisinopril, Zolpidem, Escitalopram, Carvedilol, Tadalafil, Ibuprofen, and Aspirin. The Physician noted the injured worker remained totally disabled due to his orthopedic related injuries. The Psychiatric Primary Treating Physician's report dated 6-16-2014, noted the injured worker with continued anxiety, depression, and pain, with the subjective complaints of anger, anxiety, depression, irritability, sleep disturbance, social withdrawal, diminished energy, exaggerated startle response, phobic avoidance of situations that rekindle memories of the traumatic event, and preoccupation with the industrial stressors leading to his illness. The findings on examination included anxiety, depression, obvious physical discomfort, and the injured worker poorly groomed. The injured worker was noted to report that he felt he was not getting the benefit he was from the Lexapro. The treatment plan was noted to include adding Lorazepam for sleep and if not helpful Ambien, with the injured worker needing a prescription for Cialis. The injured worker was to remain off work for the next 60 days. The request for authorization requested retrospective Zolpidem Tartrate 10 mg, thirty count (DOS - 2/5/15, 3/10/15, 4/6/15, 5/4/15, 6/1/15, 6/30/15, 7/2/2015) and retrospective Lorazepam 1 mg, thirty count (DOS - 7/21/14, 8/19/14, 9/16/14, 1/10/15, 2/5/15, 3/10/15, 4/6/15, 5/4/15, 6/3/15). The Utilization Review (UR) dated 8-21-2015, non-certified the requests for retrospective

Zolpidem Tartrate 10 mg, thirty count (DOS - 2/5/15, 3/10/15, 4/6/15, 5/4/15, 6/1/15, 6/30/15, 7/2/2015) and retrospective Lorazepam 1 mg, thirty count (DOS - 7/21/14, 8/19/14, 9/16/14, 1/10/15, 2/5/15, 3/10/15, 4/6/15, 5/4/15, 6/3/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zolpidem tartrate 10 mg, thirty count (DOS - 2/5/15, 3/10/15, 4/6/15, 5/4/15, 6/1/15, 6/30/15, 7/2/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Zolpidem Mental and Stress/Zolpidem.

Decision rationale: MTUS Guidelines do not address the issue of hypnotic medications for insomnia secondary to chronic pain or stress. ODG Guidelines address this in detail and the Guidelines do not support the use of Zolpidem as a long-term hypnotic medication i.e. beyond 4 weeks. The Guidelines support alternative medications for this purpose and there are no unusual circumstances to justify an exception to the Guidelines. The Retrospective Zolpidem tartrate 10 mg, thirty count (DOS - 2/5/15, 3/10/15, 4/6/15, 5/4/15, 6/1/15, 6/30/15, 7/2/2015) was/is not supported by Guidelines and is not medically necessary.

Retrospective Lorazepam 1 mg, thirty count (DOS - 7/21/14, 8/19/14, 9/16/14, 1/10/15, 2/5/15, 3/10/15, 4/6/15, 5/4/15, 6/3/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/Benzodiazepines PTSD/Medications.

Decision rationale: MTUS Guidelines do not support the long-term use of Benzodiazepines for chronic pain or for derivative issues associated with chronic pain i.e. stress, anxiety or insomnia. ODG Guidelines are more specific and consistent with this recommendation. The Guidelines specifically state that Benzodiazepines should not be utilized for the treatment of PTSD. The ODG Guidelines also include recent information linking the chronic use of Benzodiazepines as a possible risk factor for early onset dementia. The Retrospective Lorazepam 1 mg, thirty count (DOS - 7/21/14, 8/19/14, 9/16/14, 1/10/15, 2/5/15, 3/10/15, 4/6/15, 5/4/15, 6/3/15) is not supported by Guidelines and is not medically necessary.