

<b>Case Number:</b>	CM15-0186999		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 35 year old male, who sustained an industrial injury on 13-31-15. The injured worker is being treated for lumbar sprain-strain, myospasm and myofascial trigger points, lumbar herniated nucleus pulposus at L4-5 and L5-S1, status post open reduction with internal fixation of wrist, and lumbar spondylosis. (MRI) magnetic resonance imaging of lumbar spine revealed L4-5 and L5-S1 broad based disc protrusions with mild to moderate left foraminal stenosis. Treatment to date has included wrist reconstruction, physical therapy, home exercise program, acupuncture treatments, oral medications including Ativan 1mg, Ambien 10mg, ibuprofen 800mg, and Omeprazole 20mg. On 8-7-15, the injured worker complains of right upper extremity pain which has decreased since previous visit, low back pain described as aching and numbness which is increased with prolonged periods of sitting, and notes relief from Terocin patches. He rates the pain 7 out of 10 worse with increased use of right upper extremity and increased with trying to do chores at home, it is improved with lying down and resting and right wrist pain with decreased range of motion. He also notes the pain affects his sleep and he awakens up to 3-4 times a night. He is currently working with modified duties. Physical exam performed on 8-7-15 revealed notable scars on right wrist, palpable lumbar paraspinal muscle spasm with myofascial trigger points, and referral pattern with pain to deep palpation over the L4-5 regions and restricted lumbar range of motion. The treatment plan on 7-28-15 included prescriptions for Ativan 1mg #60 with 1 refill and Ambien 10mg #30 with 1 refill. On 8-21-15 a request for Ativan 1mg #60 with 1 refill and Ambien 10mg #30 with 1 refill was non-certified by Utilization Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #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:** According to the cited CA MTUS guidelines, benzodiazepines (e.g. Ativan) are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker's records indicate that he has been prescribed Ativan long-term for anxiety, tension, irritability, and insomnia, none of which are indicated for long-term treatment per the CA MTUS. Therefore, based on the cited guidelines and medical records available, Ativan 1mg #60 with 1 refill is not medically necessary or appropriate.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation PDR.

**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) Zolpidem (Ambien®).

**Decision rationale:** The CA MTUS does not address Ambien, but according to the ODG cited, Ambien is a short-acting hypnotic that can be used to treat insomnia for a short-term (7-10 days). It is generally never recommended for long-term use, can be habit-forming, and may increase pain and depression over time. Although the injured worker has been long-term on Ambien, the documentation concerning current symptoms of sleep dysfunction or efficacy is not necessarily specific to Ambien. Based on the medical records available and concern of prolonged use, Ambien 10mg #30 with 1 refill is not medically necessary.