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| Case Number: | CM15-0191918 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 06/05/2010 |
| Decision Date: | 11/19/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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: Texas, 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:

This is a 58 year old male patient, who sustained an industrial injury on 06-07-2010. He sustained the injury while lifting a pallet to throw it overhead. The diagnoses include adjustment disorder with mixed anxiety and depressed mood, possible left biceps tendon tear, left shoulder impingement, and gastritis due to medications. Per the doctor's note dated 7/16/15, the patient had temporary relief with 2 sessions of acupuncture. Per the psychiatric notes dated 06-09-2015 and 07-06-2015, the patient reported anxiety with occasional pain, depression, and insomnia occasionally with pain. The physical examination revealed mood presented as depressed and anxious. Current medications include Celexa, Ativan (1mg twice a day as needed for anxiety), and Ambien (10mg at bedtime as needed for insomnia). He has undergone left bicep tendon repair on 7/30/2010. He has had left elbow MRI dated 7/20/15; MRI left shoulder with arthrogram dated 7/20/15. Treatment and diagnostics to date has included left shoulder and left elbow MRI's, acupuncture, physical therapy, psychotherapy, and medications. The injured worker is currently able to return to work with modifications. The Utilization Review with a decision date of 08-28-2015 non-certified the request for Ativan 1mg #60 and Ambien 10mg #30.

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, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/06/15) Benzodiazepine.

Decision rationale: Ativan contains lorazepam which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks...long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD).....Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use." Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The response to other measures for insomnia/anxiety is not specified in the records provided. The medical necessity of Ativan 1mg #60 is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.

Ambien 10mg #30: 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), Treatment in Workers' Compensation 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15), Zolpidem (Ambien).

Decision rationale: Zolpidem is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." A detailed rationale for the long term use of Ambien is not specified in the records provided. A failure of other measures for treatment of the patients' insomnia symptoms, including proper sleep hygiene, and medications other than controlled substances, is not specified in the records provided. In addition, Zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #30 is not fully established for this patient at this time given the medical records submitted and the guidelines referenced.