

Case Number:	CM15-0193400		
Date Assigned:	10/09/2015	Date of Injury:	07/22/2009
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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 60 year old female patient who reported an industrial injury on 7-22-2009. The diagnoses include adjustment disorder with mixed anxiety and depressed mood. Per the psychiatric progress notes dated 8-21-2015 she was slightly better mentally; still had depression and day-time sedation; no new symptoms or side-effects; decreased anxiety, tension and irritability; rare crying episodes; no change in depression; denied that life was not worth living and suicidal ideations; reduced panic attacks and insomnia; increased energy level and sociability; stable appetite and weight; impaired memory and concentration; and denied visual or auditory hallucinations. The objective findings revealed mildly overweight; a less tense and dysphoric mood; increased smiling, rare laughter and no weeping; no panic attacks or obsessive rituals; well-focused with no thought disorder; and intact insight and judgment. The current medications list includes thyroxine, lipitor, lisinopril, metformin, insulin, norco, flexeril, lidocaine patch, aleve, prozac, ativan and ambien. No current magnetic imaging studies were noted. Her past surgical history includes right shoulder surgery. Her treatments were noted to include: psychiatric evaluation and treatment; a psychiatric agreed medical re-evaluation on 6-24-2015; and medication management with toxicology studies (6-30-15). The physician's requests for treatment were noted to include: Prozac 10 mg, 1 as needed "p.c.", for depression, #30; Ambien 10 mg, 1-2 at bed time as needed for insomnia, #60; and Ativan 1 mg, 1 twice a day as needed for anxiety, #60. The Request for Authorization, dated 9-11-2015, was noted to include: Prozac 10 mg, #30; Ambien 10 mg, #60; and Ativan 1 mg, #60. The Utilization Review of 9-21-2015 non-certified the request for Prozac 10 mg #30 and Ambien 10 #60; and modified the request for Ativan 1 mg, #60, to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 patient's 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. Ambien 10mg #60 is not medically necessary for this patient at this time given the medical records submitted and the guidelines referenced.

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 11/12/15) 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. Ativan 1mg #60 is not medically necessary 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.