

<b>Case Number:</b>	CM15-0193657		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 58 year old female patient with an industrial injury dated 04-22-2008. The diagnoses include major depressive disorder, psychological factors affecting medical condition, and insomnia type sleep disorder due to pain. Per the doctor's note dated 8/19/15, she had noticed increasing nausea in the morning. She has a diagnosis of GERD, hypertension and left ventricular hypertrophy. She was prescribed protonix and zofran. According to the progress note dated 06-04-2015, the patient reported that the depression is better "some days". She was tearful. She complained of headaches from Ativan. Therefore, the Ativan was discontinued. The patient completed 5 out of 6 certified sessions. The treating physician reported that the patient has been taking medication for four years. The functional benefit with medication management and medication is the patient has been able to complete activities of daily living. The treating physician reported that it is essential that she continues taking medications as prescribed to prevent regression. The medications list includes wellbutrin for depression, prozac for depression, klonopin for anxiety and ambien for insomnia. Treatment has included prescribed medications, psychotropic medication management, and periodic follow up visits. The treating physician prescribed Ambien CR 12.5mg one QHS #30 and Klonopin 1mg QAM and one at 2pm #60 . The utilization review dated 09-21-2015, modified the request for Klonopin 1mg one month supply for weaning (original: QAM and one at 2pm #60) and non-certified the request for Ambien CR 12.5mg one QHS #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1mg one QAM and one at 2pm #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Stress & Mental Illness Chapter.

**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:** Klonopin 1mg one QAM and one at 2pm #60 non cert. Klonopin contains clonazepam 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition per the cited guidelines Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015) Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individuals coping mechanisms and is therefore not recommended. Response to other measures for insomnia/anxiety is not specified in the records provided. Response of the insomnia/anxiety to antidepressants like wellbutrin and prozac, is not specified in the records provided. The medical necessity of Klonopin 1mg one QAM and one at 2pm #60 is not established for this patient. 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, therefore is not medically necessary.

**Ambien CR 12.5mg one QHS #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, Pain chapter.

**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:** Ambien CR 12.5mg one QHS #30 non cert. 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 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. The medical necessity of Ambien CR 12.5mg one QHS #30 is not fully established for this patient at this time given the medical records submitted and the guidelines referenced, therefore is not medically necessary.