

Case Number:	CM15-0194077		
Date Assigned:	10/07/2015	Date of Injury:	01/23/2002
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 65-year-old female who sustained an industrial injury on 1-23-02. A review of the medical records indicates she is undergoing treatment for major depressive disorder - single episode, severe, with psychotic features, psychological factors affecting medical condition, cervical radiculitis, lumbar radiculopathy, and carpal tunnel syndrome. Medical records (5-20-15 to 9-2-15) indicate ongoing complaints of depression, anxiety, fear, paranoia, altered sleep, and pain. The treating provider indicates "functional progress has been renewed, including increased socialization from "1x to 3x every week" treatment "showing quantifiable, functional progress" (6-30-15). The 5-20-15 progress record states that the injured worker sleeps "5 hours per night" and that she has "been taking these medications for more than a year" with "functional benefit with medications". She is "better able to execute functions of daily living". The 5-31-15 request for authorization includes medications of Seroquel 400mg, 2 tablets at bedtime, Celexa 40mg daily, Klonopin 2mg at bedtime, and Ambien 10mg at bedtime. She has also been receiving regular psychotherapy. The utilization review (9-25-15) includes a request for authorization of Zolpidem 10mg, as well as Clonazepam 2mg. The determination indicates a modification for a one-month supply of each medication for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem Tartrate 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Mental Illness & Stress Procedure Summary Online Version last updated 08/31/2015.

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.

Decision rationale: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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 concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case, the patient has been using zolpidem since at least April 2015. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request is not medically necessary.

Clonazepam 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Mental Illness & Stress Procedure Summary Online Version last updated 08/31/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Clonazepam is a benzodiazepine medication. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case, the patient has been using clonazepam since at least April 2015. Long-term use of benzodiazepines is not recommended. The request is not medically necessary.

