

Case Number:	CM15-0194487		
Date Assigned:	10/08/2015	Date of Injury:	06/08/2013
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 06-08-2013. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for adjustment disorder with mixed anxiety and depressed mood. Treatment and diagnostics to date has included lumbar spine surgery, physical therapy, psychotherapy, and medications. Current medications include Terocin patches, Zanaflex, Gabapentin, Wellbutrin, Ativan (2mg, 1 tablet three times a day as needed for anxiety since at least 2014), and Ambien (10mg, 1 tablet at bedtime as needed for insomnia since at least 2014). After review of psychiatric progress reports dated 06-18-2015 through 08-13-2015, the injured worker reported "reduced" anxiety, tension, irritability, depression, and insomnia. Objective findings included "less tense and dysphoric mood". The treating physician noted that the injured worker's anxiety, tension, irritability, depression, and insomnia are "increased off of medication". The Utilization Review with a decision date of 09-22-2015 non-certified the request for Ativan 2mg #90 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 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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) Chapter, under Benzodiazepine.

Decision rationale: The patient presents with anxiety, depression, and insomnia. The request is for Ativan 2MG #90. The request for authorization is not provided. Patient's diagnosis include adjustment disorder with mixed anxiety and depressed mood. Mental status examination reveals he exhibits a less tense and dysphoric mood. There is rare smiling, no laughing, or weeping. His spontaneity, focus and eye contact are good. There are no panic attacks or obsessive rituals. Thought content is less tense and dysphoric, consistent with mood and circumstances. There is no thought disorder. The patient denies psychotic symptoms or thoughts of harming self or others. He is correctly oriented as to time, place, person and purpose. Intelligence is estimated to be in the normal range. Judgment and insight are intact at this time with no impaired reality testing. ODG Guidelines, Pain (chronic) Chapter, under Benzodiazepine Section states, "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Per progress report dated 08/13/15, treater's reason for the request is "anxiety." MTUS guidelines does not recommend use of Ativan for prolonged periods of time and states that most guidelines "limit use of this medication to 4 weeks." However, patient was prescribed Ativan on 01/14/14. Furthermore, the request for additional Ativan #90 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.

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.

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) Chapter, Zolpidem.

Decision rationale: The patient presents with anxiety, depression, and insomnia. The request is for Ambien 10MG #30. The request for authorization is not provided. Patient's diagnosis include adjustment disorder with mixed anxiety and depressed mood. Mental status examination reveals he exhibits a less tense and dysphoric mood. There is rare smiling, no laughing, or weeping. His spontaneity, focus and eye contact are good. There are no panic attacks or obsessive rituals. Thought content is less tense and dysphoric, consistent with mood and circumstances. There is no thought disorder. The patient denies psychotic symptoms or thoughts of harming self or others. He is correctly oriented as to time, place, person and purpose. Intelligence is estimated to be in the normal range. Judgment and insight are intact at

this time with no impaired reality testing. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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. (Feinberg, 2008)" Per progress report dated 08/13/15, treater's reason for the request is "insomnia." Review of provided medical records show the patient was prescribed Ambien on 01/14/14. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for additional Ambien #30 would exceed ODG recommendation and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.