

<b>Case Number:</b>	CM15-0195307		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/28/2008
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 42-year-old female, with a reported date of injury of 03-28-2008. The diagnoses include chronic pain syndrome, bilateral carpal tunnel syndrome, right lateral elbow pain, right lateral epicondylitis, reflex sympathetic dystrophy of the right upper limb, pain disorder related to psychological factors, major depressive affective disorder, and anxiety. Treatments and evaluation to date have included Percocet, Ambien (since at least 07-2015), physical therapy, trigger point injections (effective), Trazodone (ineffective), and Lyrica. The diagnostic studies to date have included a CT scan of the cervical spine on 02-26-2015, which showed status post cervical fusion with mild chronic changes and perhaps minimal narrowing of the central canal at the C5-6 level. The treatment report dated 08-11-2015 indicates that the depression, anxiety, and sleep were still an issue due to the injured worker's orthopedic industrial injury. It was noted that Trazodone did not help with sleep and caused her heart to race. The treating physician mentioned trying to switch Ambien to Lunesta at that time. The mental status examination showed no evidence of psychosis; cooperative; slow walking; pleasant; neck and arm in a rigid position; decreased volume and tone; subdued speech; depressed and anxious; fatigue; head held in a rigid position; and wincing in pain at times. The treatment plan included the switch of Ambien to Lunesta for insomnia; however, if Lunesta did not work, the injured worker would switch back to Ambien. Therefore, a prescription for Ambien was given, one tablet at bedtime as needed. The injured worker is currently permanent and stationary. The treating physician requested Alprazolam 1mg #60, Zolpidem 10mg #30, and Aripiprazole 5mg #30 with one refill. On 09-18-2015, Utilization Review (UR) non-certified the request for Zolpidem 10mg #30, and Aripiprazole 5mg #30 with one refill; and modified the request for Alprazolam 1mg #60 to Alprazolam 1mg #45.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 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) Pain (Chronic) Chapter, under Xanax.

**Decision rationale:** Based on the 08/10/15 progress report provided by treating physician, the patient presents with pain to the right upper extremity. The patient is status post 2 cervical spine surgeries, right carpal tunnel release, and left ulnar nerve decompression at the elbow, on unspecified dates. The request is for Alprazolam 1mg #60. RFA with the request not provided. Patient's diagnosis on 08/10/15 includes chronic pain syndrome, residual bilateral carpal tunnel syndrome, and right lateral elbow pain, lateral epicondylitis. Diagnosis on 08/11/15 includes pain disorder with related psychological factors, major depressive disorder, and anxiety disorder. Physical examination to the right elbow on 08/10/15 revealed tenderness over the lateral epicondyle, olecranon tip and lateral aspect, with pain on extension. Treatment to date has included surgery, imaging studies, physical therapy, home exercise program, and medications. Patient's medications include Percocet, Xanax, Zolpidem, and Celexa. The patient is permanent and stationary, per 07/21/15 report and retired, per 07/29/15 report. 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." ODG-TWC, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Treater has not provided reason for the request. Xanax has been included in patient's medications per progress reports dated 05/05/15, 07/21/15 and 08/11/15. It is not known when this medication was initiated. Guidelines do not recommend long-term use of benzodiazepines. The patient has been prescribed this medication at least since 05/05/15, which is more than 4 months from UR date of 09/21/15. Therefore, the request is not medically necessary.

**Zolpidem 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), Pain, Zolpidem (Ambien).

**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 Zolpidem.

**Decision rationale:** Based on the 08/10/15 progress report provided by treating physician, the patient presents with pain to the right upper extremity. The patient is status post 2 cervical spine surgeries, right carpal tunnel release, and left ulnar nerve decompression at the elbow, on unspecified dates. The request is for Zolpidem 10mg #30. RFA with the request not provided. Patient's diagnosis on 08/10/15 includes chronic pain syndrome, residual bilateral carpal tunnel syndrome, and right lateral elbow pain, lateral epicondylitis. Diagnosis on 08/11/15 includes pain disorder with related psychological factors, major depressive disorder, and anxiety disorder. Physical examination to the right elbow on 08/10/15 revealed tenderness over the lateral epicondyle, olecranon tip and lateral aspect, with pain on extension. Treatment to date has included surgery, imaging studies, physical therapy, home exercise program, and medications. Patient's medications include Percocet, Xanax, Zolpidem, and Celexa. The patient is permanent and stationary, per 07/21/15 report and retired, per 07/29/15 report. 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)" Ambien (Zolpidem) has been included in patient's medications per progress reports dated 06/09/15, 07/21/15 and 08/11/15. It is not known when this medication was initiated. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia. Continued use of this medication is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Aripiprazole 5mg #30 with 1 refill:** 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), Mental Illness and Stress, Abilify (aripiprazole).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, under Aripiprazole.

**Decision rationale:** Based on the 08/10/15 progress report provided by treating physician, the patient presents with pain to the right upper extremity. The patient is status post 2 cervical spine surgeries, right carpal tunnel release, and left ulnar nerve decompression at the elbow, on unspecified dates. The request is for Aripiprazole 5mg #30 with 1 refill. Patient's diagnosis on 08/10/15 includes chronic pain syndrome, residual bilateral carpal tunnel syndrome, and right lateral elbow pain, lateral epicondylitis. Diagnosis on 08/11/15 includes pain disorder with related psychological factors, major depressive disorder, and anxiety disorder. Physical

examination to the right elbow on 08/10/15 revealed tenderness over the lateral epicondyle, olecranon tip and lateral aspect, with pain on extension. Treatment to date has included surgery, imaging studies, physical therapy, home exercise program, and medications. Patient's medications include Percocet, Xanax, Zolpidem, and Celexa. The patient is permanent and stationary, per 07/21/15 report and retired, per 07/29/15 report. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: Not recommended as a first-line treatment. Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Aripiprazole (Abilify) is not mentioned in provided medical records. RFA not provided, either. It appears this medication is being initiated. In this case, while this patient presents with significant psychiatric complaints secondary to chronic pain and disability, guidelines do not recommend Abilify as first-line treatment, as it has insufficient support for conditions covered by ODG. In addition, this medication is indicated for psychiatric treatment of schizophrenia, which is not discussed. Therefore, the request is not medically necessary.