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| <b>Case Number:</b>   | CM15-0198640 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 01/25/2012 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 09/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 59 year old female, who sustained an industrial injury on 1-25-2012. Diagnoses include major depressive disorder recurrent, moderate, anxiety disorder, and pain disorder associated with both psychological factors and a general medical condition. Treatments to date include activity modification, medication therapy, and psychotherapy. The medical records indicated a history of psychiatric complaints including tearfulness, depression, and poor sleep treated with psychiatric medication and psychotherapy. A progress note dated 12-1-14 - 12-31-14, documented abruptly discontinued medication resulted in "severe ups and downs, suicidal ideation, and a general decompensation of her condition." On 9-1-15, she reported decreased depression and sleeping on average 4-5 hours per night. Medications were noted to help. The medications were noted to be taken for more than one year. They were also noted to provide functional benefit stating "the patient has been better able to execute functions of daily living." The plan of care included ongoing medication therapy with monthly medication visits. The appeal requested authorization for Klonopin 1mg, twice a day, #60, and Ambien CR 12.5mg, one before bed #30. The Utilization Review dated 9-17-15, modified the request to allow Klonopin 1mg x one month for weaning and Ambien CR 12.5mg x one month for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 1 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin 1 mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Klonopin 1 mg #60 is excessive and not medically necessary, it is to be noted that the UR physician partially authorized the medication for safe taper.

**Ambien CR 12.5 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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/ Insomnia treatment.

**Decision rationale:** MTUS is silent regarding this issue. ODG states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. Per guidelines, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). It is not indicated for long term use and thus the continued use of Ambien CR 12.5 mg is not clinically indicated in this case, therefore is not medically necessary.