

Case Number:	CM15-0200050		
Date Assigned:	10/15/2015	Date of Injury:	07/31/2010
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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, North Carolina
 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 07-31-2010. A review of the medical records indicates that the worker is undergoing treatment for major depression single episode, moderately severe, panic disorder without agoraphobia, chronic pain syndrome, lumbosacral neuritis and lumbosacral disc degeneration. Subjective complaints (07-27-2015) include anxiety, tension, irritability and quick temper most of the time, depression most of the time, frequent crying episodes, insomnia due to pain, worry and incontinence, random panic attacks and low energy and sociability. Mental status examination showed a serious, tense and dysphoric mood, occasional weeping, tense and dysphoric thought content, declined serial sevens subtraction due to panic and forgetting one of three objects she was asked to recall. The physician noted that the injured worker had psychomotor agitation or retardation nearly every day, depressed mood, insomnia or hypersomnia nearly every day, fatigue or loss of energy nearly every day and recurrent, severe panic attacks. Subjective complaints (08-17-2015) include reduced anxiety, tension and irritability, reduced depression and reduced insomnia but mental status examination noted a serious, tense and dysphoric mood, occasional weeping and tense and dysphoric thought content. Subjective complaints (09-09-2015) include increased anxiety, tension, irritability and depression. No objective findings were documented. Insomnia was noted to be reduced, however there was no documentation of the exact nature of the sleep complaints, duration of sleep and sleep hygiene. Treatment has included Xanax (since at least 11-25-2014), Ambien CR (since at least 11-25-2014), Buspar, Cymbalta, pain medication, application of heat and ice and surgery. A utilization review dated 09-28-2015 non-certified a request for Ambien

CR 12.5 mg and modified a request for Xanax from Xanax 2 mg qty of 60 to certification of Xanax 2 mg qty of 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2 mg #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 rationale: CA MTUS Guidelines state that benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and the risk for dependency. ODG states that Xanax is not recommended for long-term use. Benzodiazepines are a major cause of overdose, due to synergistic activities with other drugs, such as hypnotics and opiates. The patient is also taking Buspar, Cymbalta and Ambien which are potentially dangerous when taken with Xanax. In this case, there is no specific medical indication documented for the use of Xanax and no documentation of functional improvement from previous use. Therefore the request is not medically necessary or appropriate.

Ambien CR 12.5 mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (insomnia).

Decision rationale: CA MTUS/ACOEM is silent regarding Ambien CR 12.5 mg, however ODG does not recommend long-term use (greater than 2 weeks). In this case, the patient has been taking Ambien for a year, which clearly exceeds guidelines. Ambien is generally indicated for insomnia treatment for 7-10 days. In this case, there is no objective documentation of duration and frequency of sleep disturbance, sleep hygiene or trials of other sleep medications. In addition, recent FDA guidelines recommend no more than 6.25 mg of Ambien CR/day in females, the elderly and those with hepatic dysfunction. Thus the request for 12.5 mg exceeds the recommended dosage for this female patient. Therefore, based on the above, this request is not medically necessary or appropriate.