

<b>Case Number:</b>	CM15-0200744		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/27/2007
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury on 11-27-07. Documentation indicated that the injured worker was receiving treatment for chronic whole body pain, depression, anxiety and stress. Previous treatment included right shoulder surgery times two, right carpal tunnel release, physical therapy, chiropractic therapy, psychiatric care, injections and medications. In the only psychiatric documentation submitted for review, a report on medication management dated 8/20/15, the injured worker complained of depression, changes in appetite, lack of motivation, decreased energy, difficulty staying asleep, diminished self-esteem, weight gain, excessive worry, restlessness, suspicion, fear of being monitored, tension, agitation, inability to relax, chest pain, palpitation, nausea, shortness of breath, tension headaches, muscle tension, temporomandibular joint clenching, increased pain, vomiting, peptic acid reaction and constipation. The injured worker noted that she was sleeping better and was less fatigued. Objective behaviors were noted as depressed facial expressions with visual anxiety. Documentation did not disclose how long the injured worker had been prescribed Ambien, Venlafaxine and Fioricet. The treatment plan included continuing Ambien, Venlafaxine and Fioricet. On 9-11-15, noncertified a request for Ambien 10mg #30 with two refills, Fioricet 1 tablet #30 with two refills and Xanax 0.5g #30 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg 1 tablet QHS refills: 2 #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, Pain, and Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in November 2007. She underwent a right carpal tunnel release in March 2013, right shoulder surgery in July 2014. She continues to be treated for widespread pain with diagnoses including fibromyalgia, headaches, depression, and insomnia. Physical examination findings include a body mass index of 30. When seen, she was having continued total body pain, chronic fatigue, difficulty sleeping, and morning gel phenomenon lasting for a few minutes. Physical examination findings included more than 12 positive tender points. There was a normal neurological examination. Her body mass index is over 30. Ambien (zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The claimant has depression which may be causing or contributing to her sleep disturbance. The requested Ambien is not considered medically necessary.

**Fioricet 1 tablet QD PRN refills: 2 #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**Decision rationale:** The claimant has a history of a cumulative trauma work injury with date of injury in November 2007. She underwent a right carpal tunnel release in March 2013, right shoulder surgery in July 2014. She continues to be treated for widespread pain with diagnoses including fibromyalgia, headaches, depression, and insomnia. Physical examination findings include a body mass index of 30. When seen, she was having continued total body pain, chronic fatigue, difficulty sleeping, and morning gel phenomenon lasting for a few minutes.

Physical examination findings included more than 12 positive tender points. There was a normal neurological examination. Her body mass index is over 30. In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.

**Xanax 0.5 g 1 tablet QD PRN refills: 2 #30: 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:** The claimant has a history of a cumulative trauma work injury with date of injury in November 2007. She underwent a right carpal tunnel release in March 2013, right shoulder surgery in July 2014. She continues to be treated for widespread pain with diagnoses including fibromyalgia, headaches, depression, and insomnia. Physical examination findings include a body mass index of 30. When seen, she was having continued total body pain, chronic fatigue, difficulty sleeping, and morning gel phenomenon lasting for a few minutes. Physical examination findings included more than 12 positive tender points. There was a normal neurological examination. Her body mass index is over 30. Xanax (alprazolam) is a benzodiazepine which is not recommended for long-term use 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.