

<b>Case Number:</b>	CM15-0200948		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	05/14/2011
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<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: Florida  
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 73 year old female, who sustained an industrial injury on 5-14-11. The injured worker is diagnosed with closed head trauma with post-traumatic stress disorder, cervical spine sprain-strain, bilateral C6 radiculopathy and severe headaches. Notes dated 7-28-15 and 9-9-15 reveals the injured worker presented with complaints of neck pain that can cause severe headaches, muscle spasms and radiating symptoms to her upper extremities bilaterally accompanied with numbness and tingling. Her pain is rated at 6-7 out of 10 without medication. Physical examinations dated 7-28-15 and 9-9-15 revealed marked neck tenderness and sub-occipital pain bilaterally, tenderness at the cervical paraspinal with 2+ palpable muscle spasms and decreased range of motion, as well as hyperesthesia in the C6 dermatome bilaterally. Treatment to date has included medications Xanax (4-2015), Ambien (4-2015) and physical therapy. A note dated 7-28-15 states Ambien helps the injured worker at night. A toxicology screen dated 9-9-15 is positive for alpha-hydroxyalprazolam. A request for authorization dated 7-28-15 for Xanax 0.5 mg #90 and Ambien 5 mg #60 is denied, per Utilization Review letter dated 9-15-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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

**Decision rationale:** ODG guidelines support xanax 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. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). 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. The medical records provided for review do not document the presence of an anxiety condition shown to benefit from long-term therapy with the requested medication and is not supported under ODG guidelines for use in pain or spasm. Therefore, the request is not medically necessary.

**Ambien 5 mg Qty 60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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, Zolpidem.

**Decision rationale:** The medical records provided for review indicate improvement in symptoms with report of significant sleep interference and injured worker is taking zolpidem. ODG guidelines support short-term use of sleep agents such as zolpidem for 4 to 6 weeks. As such, 5 mg at bedtime for occasional use is supported based on the medical records and is also supported by ODG. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Therefore, the request is medically necessary.