

Case Number:	CM15-0206553		
Date Assigned:	10/23/2015	Date of Injury:	01/16/2000
Decision Date:	12/04/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This injured worker is a 52 year old female who reported an industrial injury on 1-16-2000. The medical records noted a second date of injury, unknown if industrial, on 11-13-2002, which aggravated her symptoms from the 1-16-2000 industrial injury. Her diagnoses, and or impressions, were noted to include: neck pain; cervical spondylosis without myelopathy; cervical disc disease, status post cervical fusion (2003 x 2), and revision (2011); headaches; myositis; lumbar disc disease, status-post lumbar fusion with decompression; right shoulder pain; right rotator cuff tear, status-post right shoulder arthroscopic surgery (2013); chronic pain syndrome; sleep apnea and insomnia; and major depressive disorder, recurrent, secondary to pain. Recent magnetic imaging studies of the lumbar spine were said to have been done on 7-21-2015; and of the neck in 2013. Her treatments were noted to include: multiple industrial, and non-industrial, surgeries (1981-2013); psychological evaluation and treatment; sleep study (1-24-15); medication management with toxicology studies (9-8-15); and rest from work. The progress notes of 10-8-2015 reported: a re-evaluation for neck pain that radiated to the right side of her head and right arm, with muscle spasms in her right upper trapezius; low back pain that radiated to her left leg; left thigh and posterior left lower leg pain; numbness in her buttocks; that her pain was rated a 10 out of 10 on medication and a 7 out of 10 with medication; that her pain was aggravated by sitting, movements and activities, and alleviated by lying down, injections, meditation, physical therapy, Bio freeze, and medications. The psychiatric progress notes of 8-27-2015 reported that she suffered from severe pain, depression and insomnia; and that she had been treated successfully with Ambien 10 mg at bedtime, and had been started on Ativan 0.5 mg daily as needed for anxiety. The physician's requests and psychiatric progress notes of 8-27-2015 noted Ambien 10 mg at bedtime and Ativan 0.5 mg daily as needed for anxiety. The Utilization Review of 10-13-2015 modified the requests for: Ambien 10 mg, #30, to #14; and Ativan 1 mg, #60, to #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ambien 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.

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): Zolpidem (Ambien®), pages 877-878.

Decision rationale: Review indicates the patient has been prescribed Ambien since at least 7/24/15 with current request modified to #14. MTUS Guidelines is silent; however, per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. 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. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2000 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The 1 Prescription of Ambien 10mg #30 is not medically necessary or appropriate.

1 Prescription of Ativan 1mg #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.

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

Decision rationale: Ativan is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in

the brain may lead to anxiety or other psychiatric disorders. Ativan also is used to prevent certain types of seizures. Ativan is used for the short-term relief anxiety symptoms, usually up to 4 weeks, as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Ativans continued use for the chronic 2000 injury nor is there documented functional efficacy from treatment already rendered in terms of increased ADLs, decreased pharmacological need and medical utilization. The 1 Prescription of Ativan 1mg #60 is not medically necessary or appropriate.