

Case Number:	CM15-0206749		
Date Assigned:	10/23/2015	Date of Injury:	03/27/2012
Decision Date:	12/09/2015	UR Denial Date:	09/15/2015
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 60 year old females sustained an industrial injury on 3-27-12. Documentation indicated that the injured worker was receiving treatment for traumatic brain injury. In a psychology evaluation dated 8-10-15, the injured worker reported having insomnia due to pain and worry, anxiety, tension, irritability, quick temper, depression, occasional crying episodes, occasional feelings that life is not worth living, impaired memory and concentration, random panic attacks, increased weight and appetite and low sociability and energy level. The injured worker also reported that she had ongoing pain in her head, neck, shoulders, back, eyes, ears, jaw and teeth associated with photosensitivity, dizziness, headaches and hyperacusis. The physician documented that the injured worker exhibited a serious, somewhat tense and dysphoric mood. The physician diagnosed the injured worker with adjustment disorder with mixed anxiety and depressed mood. The physician recommended medication management with prescriptions for Ativan, Ambien and Prozac. In a follow-up psychiatric consultation dated 9-14-15, the injured worker's complaints were unchanged; however, she reported that anxiety, tension and irritability were reduced with Ativan and that insomnia was reduced with Ambien. The physician documented that the injured worker exhibited a serious, somewhat tense and dysphoric mood. The physician noted that the injured worker had had one episode of panic and went to the Emergency Department. The physician planned to increase Prozac dosage. The treatment plan included continuing medications (Ativan, Ambien) and increasing Prozac dosage. On 9-15-15, Utilization Review modified a request for Ativan 1mg #60 to Ativan 1mg #45 and noncertified a request for Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Benzodiazepines.

Decision rationale: The patient presents on 08/10/15 with anxiety, tension, irritability, quick temper with associated depression and insomnia. The patient's date of injury is 03/27/12. The request is for Ativan 1MG #60. The RFA is dated 10/12/15. Progress note dated 08/10/15 does not include a comprehensive medical examination. The patient is currently prescribed Ativan, Ambien, and Prozac. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines 2009, Benzodiazepines section, page 24 states "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. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Official Disability Guidelines, Mental Illness and Stress chapter, under Benzodiazepines has the following: 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. In regard to the request for Ativan, treater has exceeded recommended duration of therapy for this class of medications. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy - this patient has been prescribed Benzodiazepine medications since at least 09/14/15. The requested 60 tablets with two refills, in addition to prior use, does not imply the intent to limit this medication to short-term use. Therefore, the request is not medically necessary.

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, Chronic 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 Chapter, under Zolpidem.

Decision rationale: The patient presents on 08/10/15 with anxiety, tension, irritability, quick temper with associated depression and insomnia. The patient's date of injury is 03/27/12. The request is for Ambien 10MG #30. The RFA is dated 10/12/15. Progress note dated 08/10/15 does not include a comprehensive medical examination. The patient is currently prescribed Ativan, Ambien, and Prozac. Patient's current work status is not provided. Official Disability Guidelines, Pain Chapter, under Zolpidem (Ambien) states: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. In regard to the continuation of Ambien for this patient's depression and associated insomnia, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Ambien since at least 09/14/15. While this patient presents with significant anxiety, depression, and insomnia, official disability guidelines do not support the use of this medication for longer than 7-10 days. The requested 30 tablets in addition to prior use does not imply the intent to utilize this medication for 7-10 days. Therefore, the request is not medically necessary.