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| <b>Case Number:</b>   | CM15-0207973 |                              |            |
| <b>Date Assigned:</b> | 10/27/2015   | <b>Date of Injury:</b>       | 10/28/1999 |
| <b>Decision Date:</b> | 12/21/2015   | <b>UR Denial Date:</b>       | 09/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/22/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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 54 year old male, who sustained an industrial-work injury on 10-28-99. A review of the medical records indicates that the injured worker is undergoing treatment for panic disorder with agoraphobia, major depression and psychological factors affecting medical condition. Treatment to date has included medication Ambien and Clonazepam since at least 7-22-15 and psyche care. Medical records dated 9-17-15 indicate that the injured worker complains of anxiety, panic, insomnia, grief, depression, back pain, no libido, relationship problems, hypertension and crying spells. The physician indicates that the injured worker was seen 8-5-15, 8-19-15 and 9-17-15 for medication management and psychotherapy. The physician indicates that the medications he recommends are Clonazepam for anxiety and panic attacks and Ambien for insomnia as needed. There is a physician note dated 8-5-15 indicating that the injured worker responded well years ago to Ambien and his condition has worsened while he waits to obtain the medication. Per the treating physician report dated 7-22-15 the injured worker has not returned to work. The physical exam reveals that the injured worker is anxious, depressed, grieving, fatigued, limping in pain with back, upset about not getting Ambien and tearful. The physician does not indicate concerns of abuse of the medications. The physician indicates insomnia per the medical records. However, the medical records do not detail sleep onset, sleep maintenance, sleep quality, next day functioning or other sleep hygiene issues. The request for authorization date was 9-17-15 and requested services included Ambien 5mg #30 and Clonazepam 1mg #90. The original Utilization review dated 9-25-15 non-certified the request for Ambien 5mg #30 and

modified the request for Clonazepam 1mg #90 modified to Clonazepam 1mg #79 for continued weaning.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ambien 5mg #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 (ODG), Pain (Chronic), Zolpidem (Ambien), 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) Pain Chapter/Insomnia Section.

**Decision rationale:** The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, the injured worker has been prescribed Ambien since August, 2015 but there are still complaints of insomnia. The request for Ambien 5mg #30 is determined to not be medically necessary.

**Clonazepam 1mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Clonazepam, Mental Illness and Stress Chapter, Benzodiazepines.

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Clonazepam 1mg #90 is determined to not be medically necessary.

