

Case Number:	CM15-0023259		
Date Assigned:	02/12/2015	Date of Injury:	01/17/2008
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on 1/17/2008. He reports hitting his right leg on a metal ledge of stairs. Diagnoses include depression and panic disorder with agoraphobia. Treatments to date include repair of right foot peroneal brevis tendon and peroneal longus, physical therapy, acupuncture, orthotics, psychotherapy, biofeedback and medication management. A progress note from the treating provider (psychiatrist) dated 11/24/2014 indicates the injured worker reported reduced depression, anxiety, tension and irritability and improved memory and concentration. On 1/21/2015, Utilization Review non-certified the request for Ambien 10mg #60 with 1 refill and Ativan 1mg #60 with 1 refill, citing MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #60 with one refill is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 - 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for long-term use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnoses are depressive disorder not otherwise specified; and panic disorder with agoraphobia. The documentation states the injured worker has insomnia that is improving. Ambien is indicated for 7 to 10 days for treatment of insomnia. There is no start date for Ambien in the medical record. It is unclear how long the treating physician has prescribed Ambien. The documentation does not contain evidence of objective functional improvement as it relates to Ambien use. Consequently, absent clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term (seven - 10 days) treatment of insomnia, Ambien 10 mg #60 with one refill is not medically necessary.

Ativan 1mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 1 mg #60 with one refill is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are depressive disorder not otherwise specified and panic disorder with agoraphobia. The documentation does not contain a start date for the Ativan 1 mg. The duration of time the injured worker is taking Ativan is not documented and unclear from the 36 page medical record. Ativan is not recommended for long-term use (longer than two weeks). Most guidelines limit use to four weeks. There is no documentation of an attempt to wean or reduce the dose of Ativan in this injured worker. There is no specific clinical rationale and or goals documented in the medical record with respect to Ativan use. There is no documentation containing objective functional improvement as it relates to Ativan. Consequently, absent clinical documentation with objective functional improvement with documented Ativan goals, Ativan 1 mg #60 with one refill is not medically necessary.