

Case Number:	CM15-0212099		
Date Assigned:	10/30/2015	Date of Injury:	08/16/2000
Decision Date:	12/21/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/28/2015

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, Hawaii

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 is a 59-year-old male with a date of industrial injury 8-16-2000. The medical records indicated the injured worker (IW) was treated for major depressive disorder, single episode, severe, without psychotic features; pain disorder associated with both psychological factors and general medical condition; and psychological symptoms affecting medical condition. In the progress notes (8-25-15), the IW reported anxiety, depression and sleep disturbance. On examination (8-25-15 notes), the IW was noted to be anxious and depressed. His Beck Depression Inventory was 28 and Anxiety Inventory was 36. Treatments included medications (Paxil, Ambien (since at least 8-2015), Ativan (since at least 5-2015) and Elavil). The IW's work status was not noted in the records. The documentation did not clearly indicate a significant decrease in anxiety from taking Ativan. There also was no record of a discussion about sleep hygiene or an assessment of the IW's ability to fall asleep and to maintain sleep. A Request for Authorization dated 9-24-15 was received for Ativan 1mg #30 with 2 refills and Ambien 10mg #30. The Utilization Review on 10-1-15 non-certified the request for Ativan 1mg #30 with 2 refills and 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 #30 Refills 2: 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 rationale: The patient presents with anxiety, sleep issues, and depression. The current request is for Ativan 1mg #30 refills 2. The treating physician's report dated 08/25/2015 (18B) was illegible. However, the report dated 06/17/2015 (19B) states, Pt stable on meds when taking. Pt educated regarding withdrawal when abruptly stopped on meds. Pt prefers to continue current meds though clonazepam was discussed to elongate sleep and possible decrease daytime anxiety. Discussed possible benzo dependence. Medical records note that the patient has been taking Ativan since before 05/2015. The MTUS guidelines page 24 on benzodiazepines 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. In this case, long-term use of benzo-diazepines is not supported by the guidelines. The current 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 (ODG), Mental Illness and Stress - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Zolpidem.

Decision rationale: The patient presents with anxiety, sleep issues, and depression. The current request is for Ambien 10mg #30. The treating physician's report dated 08/25/2015 (18B) was illegible. However, the 06/17/2015 report notes, "Pt reports meds help sleep, anxiety, no depressive symptoms. Pt is experiencing increase symptoms of withdrawal and insomnia without meds. Sleeping variably each night - 5ish hours." Medical reports do not show a history of Ambien use. The MTUS and ACOEM Guidelines are silent with regards to this request. However, ODG Guidelines under the Mental Illness and Stress Chapter on zolpidem states "Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset 7-10 days. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." In this case, it appears that the physician would like to trial Ambien to determine its effect on the patient's sleep issues. However, ODG Guidelines recommend Ambien for only 7-10 days. The request exceeds guidelines. The current request is not medically necessary.