

<b>Case Number:</b>	CM15-0218626		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	02/25/2004
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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  
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:

The injured worker is a 60-year-old female, who sustained an industrial injury on 2-25-2004. Medical records indicate the worker is undergoing treatment for depressive disorder with anxiety and psychotic features. A progress note from 8-24-2015 reported the injured worker complained of difficulty sleeping restlessness, tension panic attacks and tension headaches. A recent progress report dated 10-6-2015, reported the injured worker complained of depression, anxiety and stress. Physical examination revealed the combination of medications should not be disrupted. Treatment to date has included psychotherapy, Prozac, Ambien (since at least 3-17-2015) and Xanax (since at least 3-17-2015). On 10-6-2015, the Request for Authorization requested Ambien 10mg #90-2 refills and Xanax 0.5mg #180-2 refills. On 10-21-2015, the Utilization Review modified the request for Ambien 10mg #90-2 refills and Xanax 0.5mg #180-2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg (2 refills) #90:** 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).

**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) Chapter, under Zolpidem.

**Decision rationale:** The 60-year-old patient presents with persistent symptoms of depression, anxiety, and stress-related medical complaints, as per psychiatry report dated 10/06/15. The request is for AMBIEN 10 mg (2 REFILLS) #90. The RFA for this case is dated 10/06/15, and the patient's date of injury is 02/25/04. Prescribed medications, as per report dated 10/06/15, included Ambien, Prozac and Xanax. The patient is status post C4-5, C5-6 and C6-7 microdiscectomy and fusion in 2009, status post C3 to C7 cervical hardware removal in 2011, and status post right knee arthroscopic surgery, as per AME report dated 04/15/15. Diagnoses, as per this report, also included lumbosacral disc bulges at L4-5 and L5-S1, bilateral shoulder AC joint arthritis, left knee medial and lateral meniscal tears, bilateral carpal tunnel syndrome, and resolved right hip injury. The reports do not document the patient's work status. ODG guidelines, Pain (Chronic) under Zolpidem, state that the medication is indicated 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." The guidelines also state, "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." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. In this case, Ambien is first noted in progress report dated 03/17/15. It is not clear when the medication was initiated. In progress report dated 10/06/15, the treater states that the patient has been "provided with general instructions on sleep hygiene including the preclusion of caffeinated beverages, sleep during the day, regular sleep time, and other general advice on sleep time." In the same report, the treater also indicates that all the prescribed medications act together to provide the desired benefits and "removing one medication could tip the scale to cause worsened symptoms in all areas." There are no significant side effects associated with medications, as per the same report. In a prior report dated 03/17/15, the treater states that Ambien "helps her to sleep better." The treater further explains that without Ambien, the patient "would be unable to relax and sleep at night such that all of her symptoms would worsen." ODG guidelines, however, recommend only short-term use of the medication lasting about 7-10 days. The current request for # 90 exceeds that recommendation and IS NOT medically necessary.

**Xanax 0.5 mg (2 refills) #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain. Alprazolam (Xanax).

**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) Chapter under Xanax.

**Decision rationale:** The 60-year-old patient presents with persistent symptoms of depression, anxiety, and stress-related medical complaints, as per psychiatry report dated 10/06/15. The request is for XANAX 0.5 mg (2 REFILLS) #180. The RFA for this case is dated 10/06/15, and the patient's date of injury is 02/25/04. Prescribed medications, as per report dated 10/06/15, included Ambien, Prozac and Xanax. The patient is status post C4-5, C5-6 and C6-7 microdiscectomy and fusion in 2009, status post C3 to C7 cervical hardware removal in 2011,

and status post right knee arthroscopic surgery, as per AME report dated 04/15/15. Diagnoses, as per this report, also included lumbosacral disc bilges at L4-5 and L5-S1, bilateral shoulder AC joint arthritis, left knee medial and lateral meniscal tears, bilateral carpal tunnel syndrome, and resolved right hip injury. The reports do not document the patient's work status. ODG-TWC, Pain (Chronic) Chapter under Xanax (Alprazolam) states: Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression. In this case, Xanax was first noted in progress report dated 03/17/15. It is not clear when the medication was initiated. In progress report dated 10/06/15, the treater states that the combination of medications work together to "improve anxiety, depression, confusion, emotional control, and stress-intensified medical complains." In the same report, the treater also indicates, "removing one medication could tip the scale to cause worsened symptoms in all areas." There are no significant side effects associated with medications, as per the same report. In a prior report dated 03/17/15, the treater states "Xanax helped her to be more relaxed." Reduced anxiety has also helped improve the patient's activities of daily living. The treater further explains that without Xanax, the patient "would be too restless, unable to relax and panicky all night." However, both MTUS and ODG do not recommend long-term use of this medication due to risk of dependence. Hence, the request IS NOT medically necessary.