

Case Number:	CM15-0221883		
Date Assigned:	11/17/2015	Date of Injury:	11/07/2008
Decision Date:	12/31/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/11/2015

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:

The injured worker is a 53 year old, male who sustained a work related injury on 11-7-08. A review of the medical records shows he is being treated for anxiety and right shoulder pain. In the progress notes dated 10-2-15, the injured worker reports anxiety, tension, irritability, and quick temper have "reduced." His memory and concentration are impaired. He has a low energy level. Upon physical exam dated 10-2-15, he is less tense. He is occasionally smiling. Treatments have included right elbow surgery 11-14-08, right shoulder cortisone injections, medications, physical therapy, and chiropractic treatments. Current medications include Ativan, Ambien, Ultram, Naprosyn and Flurbiprofen. He is working modified duties. The treatment plan includes requests for Ambien and Ativan. In the Utilization Review dated 11-5-15, the requested treatment of Ativan 1mg. #60 with 2 refills and Ambien 10mg. with 2 refills are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ativan 1mg #60 with 2 refills: 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 secondary to pain affecting the right shoulder. The current request is for 1 Prescription of Ativan 1mg #60 with 2 refills. MTUS page 24 states that Benzodiazepines are 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. The medical reports provided, show the patient has been taking Ativan for years. In this case, the current request for Ativan is outside the 4 weeks recommended by the MTUS guidelines. Furthermore, the current request for 2 refills exceeds the recommended dosage for a 4 week period. The current request is not medically necessary.

1 Prescription of Ambien 10mg #30 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with anxiety secondary to pain affecting the right shoulder. The current request is for 1 Prescription of Ambien 10mg #30 with 2 refills. The sig is for one tab per night PRN. The MTUS and ACOEM Guidelines do not address Ambien; however, the ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, the use of this medication is outside the 7-10 days recommended by the ODG as the medical records provided indicate the patient has been prescribed Ambien for years. A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30 with 2 refills, which is a 3 month supply. The ODG Guidelines do not recommend long-term use of this medication. The current request is not medically necessary.