

Case Number:	CM15-0222109		
Date Assigned:	11/17/2015	Date of Injury:	09/12/2007
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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 51 year old male who sustained an industrial injury on 9-12-07. A review of the medical records indicates that the worker is undergoing treatment for myofascial pain syndrome, degenerative disc disease lumbar spine, degenerative facet disease lumbar, chronic pain syndrome, back pain-lumbar with radiculopathy, lumbar disc displacement, insomnia-chronic, depression, and anxiety. Subjective complaints (10-14-15) include no significant change in the low back pain since the last visit. The worker reports medications minimize his pain and increase functionality, as he is able to work full time, is up and out of bed daily, dressed daily and out of the house daily. His mood is noted as frustrated. Pain is rated at 10 out of 10 without medications and 6 out of 10 with medications. It is noted it takes 1-2 hours to go to sleep, he watches TV prior to going to sleep, awakens 4 times per night on average, and does not sleep during the day. The worker reports (9-16-15) that he has decreased Ambien and Xanax tablets to 15 per month. Current medications are Alprazolam, Ambien CR, Morphine Sulfate IR, and Methadone HCL. Objective findings (10-14-15) include ambulation with crutches (left ankle sprain), normal mood and affect, and normal attention span and concentration. The most recent urine drug screen is noted as being done 9-16-15. Previous treatment includes a spinal cord stimulator, Alprazolam (since at least 7-20-15), Ambien CR (since at least 7-20-15), walking, and ice. A request for authorization is dated 10-14-15. The requested treatment of Alprazolam 0.5mg #15 and Ambien 12.5mg #15 was non-certified on 10-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #15: 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 current request is for Alprazolam 0.5mg #15. Previous treatment includes a spinal cord stimulator, medications, physical therapy, home exercise, and icing. The patient has returned to work. MTUS Guidelines, Benzodiazepines section, page 24 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." Per report 09/16/15, the patient presents with chronic low back pain, insomnia, depression and anxiety. The patient reported reducing his Ambien and Xanax tablets to 15 per month. The medications minimize his pain and increase functionality, and he is able to work full time. Pain is rated at 10 out of 10 without medications and 6 out of 10 with medications. Current medications are Alprazolam, Ambien CR, Morphine Sulfate IR, and Methadone HCL. While this patient presents with chronic pain and anxiety, the records indicate that this patient has been receiving Alprazolam for anxiety since at least 07/20/15. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, and is not supported by guidelines. Therefore, the request is not medically necessary.

Ambien 12.5mg #15: 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, 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 Chapter, under Zolpidem.

Decision rationale: The current request is for Ambien 12.5mg #15. Previous treatment includes a spinal cord stimulator, medications, physical therapy, home exercise, and icing. The patient has returned to work. Official Disability Guidelines, Pain Chapter, under Zolpidem (Ambien) states: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended 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. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. 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. Per report 09/16/15, the patient presents with chronic low back pain, insomnia, depression and anxiety. The patient reported reducing his Ambien and Xanax tablets to 15 per month. The medications minimize his pain and increase functionality, and he is able to work full time. Pain is rated at 10 out of 10 without medications and 6 out of 10 with medications. Current medications are Alprazolam, Ambien CR, Morphine Sulfate IR, and Methadone HCL. While this patient presents with chronic pain and insomnia, the records indicate that this patient has been receiving Ambien since at least 07/20/15. ODG does not support the use of this medication for longer than 7-10 days. The requested 15 tablets in addition to prior use does not imply the intent to utilize this medication for short term. Therefore, the request is not medically necessary.