

Case Number:	CM15-0032019		
Date Assigned:	02/25/2015	Date of Injury:	01/25/1997
Decision Date:	04/03/2015	UR Denial Date:	01/25/2015
Priority:	Standard	Application Received:	02/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 (IW) is a 55 year old female who sustained an industrial injury on 01/25/1997 when she was assaulted and robbed at a trade convention. She has reported headaches, epigastric pain, chewing and jaw pain, fear and anxiety, difficulty falling and staying asleep, and transient numbness to the left side of the head possibly in response to Botox injections. Diagnoses include head, dental, and facial trauma. Treatments to date include Botox injections for TMJ (Temporomandibular Joint) pain, Tramadol for pain, Klonopin for anxiety and stress, and Ambien for sleep. A progress note from the treating provider dated 05/27/2014 indicates the IW was counseled on not taking Klonopin and Ambien together. Spacing and timing of the medication doses was discussed. On 01/25/2015 Utilization Review non-certified a prospective request for Ambien 5 MG #60 between 10/16/2014 and 03/23/2015. The MTUS Guidelines were cited. On 01/25/2015 Utilization Review modified a prospective request for Klonopin .5 MG #60 to Klonopin .5 MG #54 between 10/16/2014 and 03/23/2015. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines/Pain and insomnia medications pg 68.

Decision rationale: Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. There is no mention of behavioral interventions to help with sleep. Continued and chronic use of Ambien is not medically necessary.

Klonopin .5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Klonopin for anxiety and night spasms for several months along with anti-depressants. Long-term use is not recommended and is therefore not medically necessary.