

Case Number:	CM15-0033943		
Date Assigned:	02/27/2015	Date of Injury:	05/01/2005
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 63 year old male, who sustained an industrial injury on 5/1/2005. The details regarding the initial injury and prior treatment was not submitted for this review. The diagnoses have included depressive disorder NOS with anxiety and psychological factors affecting the medical condition. Per the Utilization Review, the IW currently complains of depression, changes in appetite, sleep disturbance, decreased motivation and energy, excessive worry and more. Objective findings from the evaluation dated 2/2/15 documented depressed facial expressions and visible anxiety. The plan of care included requesting authorization for Ambien and Xanax. On 2/16/2015 Utilization Review non-certified Ambien CR 12.5mg one tablet before bed #30, and Xanax one tablet twice a day #60. The MTUS and ODG Guidelines were cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Ambien CR 12.5mg one tablet before bed #30 and Xanax one tablet twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg, sixty count: Upheld

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

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long term use because the long term efficacy is unproven and there is a risk of dependence and use is limited to 4 weeks. The clinical documentation reviewed does not indicate the intended duration of therapy with Xanax. Thus the request for Xanax 0.5 mg #60 is not medically necessary and appropriate.

Ambien CR 12.5 mg, thirty count: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment, Ambien.

Decision rationale: Guidelines state that Ambien is indicated for short term treatment of insomnia. They are used generally for a period of under 2-3 weeks. Guidelines necessitate documentation of insomnia characterized by difficulties with sleep initiation. In this case, clinical documentation does not indicate the intent to treat with Ambien over a short course. Thus, the request for Ambien CR 12.5 mg #30 is not medically appropriate and necessary.