

Case Number:	CM15-0046016		
Date Assigned:	03/18/2015	Date of Injury:	05/09/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 37-year-old male who sustained a work related injury on May 9, 2013, when he fell from scaffolding and injured his head, neck, low back and bilateral knees. Treatment included physical therapy, chiropractic manipulation, roller table treatment, electro stimulation, anti-inflammatory drugs, and pain medications. He underwent a cervical spinal fusion, lumbar Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) of the head. Currently, the injured worker complained of constant pain, burning of his neck and upper back. He has difficulty falling asleep at night and staying asleep at night. The treatment plan that was requested for authorization included prescriptions for Alprazolam and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Alprazolam, Benzodiazepines.

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

Decision rationale: The most recent progress note that prescribed alprazolam is dated March 2, 2015 but it is not stated what for. A note dated March 9, 2015 does include a diagnosis of major depressive disorder, post traumatic stress, and other psychological factors to include chest pain and palpitations. However, this note does not state what medications were prescribed. Nonetheless benzodiazepine medications are not indicated to be prescribed long-term than most guidelines limit their use to four weeks time due to the rapid development of tolerance and that they may actually increase anxiety over time. Considering this, this request for continued use of alprazolam is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Zolpidem (Ambien); Mental Illness & Stress Chapter, 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, zolpidem.

Decision rationale: Ambien is a medication intended to for the treatment of difficulty sleeping or insomnia. Recent progress notes do not include complaints of difficulty falling asleep or insomnia. The Official Disability Guidelines recommends that usage of Ambien be limited to six weeks time as there is concern that they can be habit-forming and may impair function and memory. There is also concern that they may actually increase pain and depression over the long-term. A review of the attached medical record indicates that this medication has been prescribed for an extended period of time. As such, this request for Ambien is not medically necessary.