

<b>Case Number:</b>	CM15-0049598		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/25/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 female, who sustained an industrial injury on 07/25/2008. She has reported injury to the neck and low back. The diagnoses have included lumbago; lumbar spinal stenosis; psychological factors affecting medical condition; and depressive disorder. Treatment to date has included medications, diagnostic studies, acupuncture, injections, physical therapy, and surgical intervention. Medications have included Naproxen, Hydrocodone, Cyclobenzaprine, Cymbalta, Xanax, Risperdal, and Ambien. A progress report from the treating provider, dated 02/17/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of depression, difficulty falling asleep, sleep disturbance, excessive worry, restlessness, and tension. Objective findings included visible anxiety, depressed facial expressions, soft-spoken, and emotional withdrawal. The treatment plan included prescription medications. The current request is for Ambien; Xanax; and Risperdal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien Controlled Release 12.5mg quantity 30 with two 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 Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/ambien](http://www.drugs.com/ambien).

**Decision rationale:** This 53 year old female has complained of low back pain since date of injury 7/25/08. She has been treated with surgery, acupuncture, physical therapy and medications. The current request is for ambien. Zolpidem (Ambien) is recommended for the short term treatment of insomnia. There is insufficient documentation in the available medical records regarding the patient's sleep disturbance such as duration of disturbance, response to sleep hygiene interventions, sleep onset and quality as well as documentation regarding justification for use of this medication. On the basis of the available medical documentation, Ambien is not indicated as medically necessary in this patient.

**Xanax .5mg quantity 60 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** This 53 year old female has complained of low back pain since date of injury 7/25/08. She has been treated with surgery, acupuncture, physical therapy and medications. The current request is for Xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The request for duration of use in this patient exceeds the recommended time frame. On the basis of the MTUS guideline cited above, Xanax is not indicated as medically necessary in this patient.

**Risperdal .5mg quantity 30 with two 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 Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** This 53 year old female has complained of low back pain since date of injury 7/25/08. She has been treated with surgery, acupuncture, physical therapy and medications. The current request is for Risperdal, an antipsychotic agent. Per the MTUS guidelines cited above, Risperdal is not indicated as medically necessary in the treatment of chronic low back pain. On the basis of the available medical documentation and MTUS guidelines, theramine is not indicated as medically necessary.