

<b>Case Number:</b>	CM15-0051925		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Florida  
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 is a 51 year old female, who sustained an industrial injury on 12/12/2006. She reported an injury to her lower back. The injured worker is currently diagnosed as having adjustment disorder, major depressive affective disorder, generalized anxiety disorder, and posttraumatic stress disorder. Treatment to date has included psychotherapy, biofeedback, and medications. In a pain psychosocial progress note dated 05/07/2014, the injured worker presented with complaints of depressed mood, sleeplessness, chronic pain, fatigue, social isolation, and anxiety/nervousness. The treating physician reported prescribing medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG) Pain (updated 02/10/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Pain-Zolpidem.

**Decision rationale:** California MTUS guidelines are silent regarding sleep aid medications. Likewise, the ODG was consulted. The ODG states concerning Ambien (Zolpidem) that it is a prescription short acting non-benzodiazepine hypnotic, which is approved for the short term (4-6 weeks) treatment of insomnia. While anti-anxiety agents are commonly prescribed in chronic pain there is no evidence to support their long term/chronic use. Likewise, this request for Zolpidem is not medically necessary.

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if “(a) If the patient has returned to work, (b) If the patient has improved functioning and pain.” MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with this chronic narcotic pain medication. Also, no drug screen results were provided. Likewise, this request is not considered medically necessary.