

<b>Case Number:</b>	CM15-0057841		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old male, who sustained an industrial injury on 05/13/2009. He has reported injury to the low back and left leg. The diagnoses have included lumbar back pain/discogenic/lumbar radiculopathy; major depressive disorder; and generalized anxiety disorder. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Gabapentin, Buspar, Alprazolam, and Ambien CR. A progress note from the treating physician, dated 11/07/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left lower extremity radicular pain. Objective findings included moderate lumbar paraspinal spasm; and ambulating with a single point cane. The treatment plan has included the request for Alprazolam 0.5 mg, 45 count with two refills; and for Ambien CR 12.5 mg, thirty count with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5 mg, 45 count with two refills:** 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:** The most recent report provided is dated 11/07/14 by [REDACTED] and provides listed diagnoses that include: Lower back pain/lumbar radiculopathy; Myofascial pain syndrome; Piriformis syndrome; Hypertension due to pain and Opiate dependence. The 04/18/14 First report by [REDACTED] provides listed diagnoses of: Major Depressive Disorder, Single episode; Generalized Anxiety Disorder and Psychological Factors Affecting medical conditions. The current request is for Alprazolam 0.5mg 45 count with two refills, a Benzodiazepine. The RFA is not included. The 02/20/15 utilization review states this is a prospective request starting 02/18/15. The patient is temporarily totally disabled as of 04/23/14. MTUS, Benzodiazepines, page 24 states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly." It is unclear from the reports provided for review how long this medication has been prescribed for the patient. There is no discussion of the intended use of Alprazolam, and no reports show it as currently prescribed. The MTUS guidelines, recommend use for no more than 4 weeks, there is no documentation that use is for the short-term, and the request for 45 count with two refills does not indicate short-term use. In this case, the request is not medically necessary.

**Ambien CE 12.5 mg, thirty count 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Zolpidem.

**Decision rationale:** The most recent report provided is dated 11/07/14 by [REDACTED] and provides listed diagnoses that include: Lower back pain/lumbar radiculopathy; Myofascial pain syndrome; Piriformis syndrome; Hypertension due to pain and Opiate dependence. The 04/18/14 First report by [REDACTED] provides listed diagnoses of: Major Depressive Disorder, Single episode; Generalized Anxiety Disorder and Psychological Factors Affecting medical conditions. The current request is for Ambien CR 125mg thirty count with two refills. The RFA is not included. The 02/20/15 utilization review states this is a prospective request starting 02/18/15. The patient is temporarily totally disabled as of 04/23/14. MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines Pain Chapter Zolpidem topic state that Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Ambien CR is allowed up to 24 weeks, but states that Ambien CR offers "no significant clinical advantage over regular release zolpidem. Ambien Cr is approved for chronic use, but chronic use of hypnotics in general is discouraged." Ambien CR 125mg thirty count with two refills. The reports provided for review do not discuss the intended use of this medication or show how long it has been prescribed. The ODG guidelines state Ambien CR is indicated for treatment of insomnia up to 24 weeks; however, there is no documentation of difficulty of sleep onset for this patient or length of use of the medication. In this case, the request is not medically necessary.