

Case Number:	CM15-0084995		
Date Assigned:	05/07/2015	Date of Injury:	03/01/2001
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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, 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 44-year-old male, who sustained an industrial injury on 3/1/01. Initial complaints were injury resulting from stepping on a pallet staple and then retained foreign body in the right foot. The injured worker was diagnosed as having major depression single episode; other anxiety states; right foot multiple surgeries; peripheral neuropathy; chronic osteomyelitis. Treatment to date has included status post multiple right foot surgeries including amputation 2nd toe with flap rotation and re-occurrence; wound therapy; medications. Currently, the PR-2 notes dated 3/11/15 indicated the injured worker was in the office on this date to change from his prior orthopedic surgeon due to the provider's retirement. He will be established in this office with an appointment in one month. The provider notes the injured worker has various problems that originated because of a foot injury. His foot is problematic, as it has not healed for fourteen years. His current boot for his right foot is very unstable and he is very fearful about falling. He continues to benefit from Lorazepam, which is one of two medications that he has been able to tolerate. He uses 2mg for sleep and 1 mg during the day. He also uses Zolpidem 10mg at night for sleep. He has problems obtaining an ointment for his foot, meanwhile, his foot problems remain extremely frustrating with his wound draining. He changes the dressing daily and at times, these supplies have not been authorized. A PR-2 note from a podiatrist who is also involved in his care writes that the ulcers were smaller and shallower in the ball of the plantar right foot and at the plantar right hallux. Hanger is still modifying the AFO/CROW brace and the injured worker is using a wedge shoe temporarily. Prior PR-2 notes indicate the injured worker is an uncontrolled diabetic using an insulin pump, is diagnosed with diabetic retinopathy followed

by ophthalmologist; a history of chronic osteomyelitis with multiple previous right foot surgeries; peripheral neuropathy, PAD and right foot ulcers and status post amputation of the right foot 2nd toe with flap rotation and re-occurrence and is seen regularly for wound care therapy. The provider is requesting Ambien 5 mg # 60 w/ 3 refills and Lorazepam 1 mg # 90 w/ 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5 mg Qty 60 w/ 3 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: Pain 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), Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, this request is inappropriate, as this is a 4-month supply of the medication. This is a longer-term use of Ambien in excess of guideline recommendations of 6 weeks. Given this, the currently requested Ambien is not medically necessary.

Lorazepam 1 mg Qty 90 w/ 3 refills: Upheld

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

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

Decision rationale: Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, this is a 4-month supply of medication being requested. This is not an appropriate timeframe as guidelines recommend up to 4 weeks. Even if the provider wished utilize this for longer term use, an outright authorization of this type of supply does not allow adequate monitoring for controlled substances or

adjustments in dosages including weans over time. Therefore, this request is not medically necessary.