

Case Number:	CM15-0085398		
Date Assigned:	05/07/2015	Date of Injury:	03/23/2006
Decision Date:	06/09/2015	UR Denial Date:	04/30/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 59 year old male, who sustained an industrial injury on 3/23/06. He reported pain in his knees and back. He was also exposed to stress and harassment. The injured worker was diagnosed as having anxiety and depression. Treatment to date has included psychiatric treatments and medications including Ambien and Xanax (since at least 1/9/15). As of the PR2 dated 3/17/15, the injured worker reports reduced anxiety and depression with current medications. He also indicated that his insomnia is reduced. The treating physician requested to continue Ambien 10mg #30 x 1 refill and Xanax 1mg #60 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg #30 1 refill: 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), chronic pain: Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Ambien.

Decision rationale: Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 with one refill is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. In this case, the injured worker's working diagnosis is depressive disorder not otherwise specified. The documentation shows Ambien and Xanax were first described in the January 9, 2015 progress note documentation. The documentation indicates the patients being treated via a phone consultation. In the most recent progress note dated March 17, 2015, subjective complaints include anxiety, tension and irritability are reduced, depression is reduced, denies crying episodes, denies feelings that life is not worth living, denies suicidal ideation, panic attacks, etc. The consultation is telephonic and there was no physical examination in the medical record. The treating provider prescribes a two-month supply of Ambien after the telephonic interview. Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. There are no compelling clinical facts in the medical record to support the ongoing use of Ambien. The treating provider exceeded the recommended guidelines for short-term use (7 to 10 days). There is no documentation with objective functional improvement in medical record. Additionally, the injured worker is being treated for depression telephonically without direct physician contact. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines for short-term (7 to 10 days) treatment of insomnia in a patient with depressive disorder (telephonic consults), Ambien 10 mg #30 with one refill is not medically necessary.

Xanax 1 mg #60 1 refill: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepins.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 1 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis is depressive disorder not otherwise specified. The documentation shows Ambien and Xanax were first described in the January 9, 2015 progress note documentation. The documentation indicates the patients being treated via a phone consultation. In the most recent progress note dated March 17, 2015, subjective complaints include anxiety, tension and irritability are reduced, depression is reduced, denies crying episodes, denies feelings that life is not worth living, denies suicidal

ideation, panic attacks, etc. The consultation is telephonic and there was no physical examination in the medical record. The treating provider prescribes a two-month supply of Xanax after the telephonic interview. Xanax is not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The treating provider first prescribed Xanax January 9, 2015. The treating provider exceeded the recommended guidelines by continuing Xanax in excess of eight weeks. The guidelines do not recommend treatment longer than two weeks. There is no documentation with objective functional improvement in medical record. Additionally, the injured worker is being treated for depression telephonically without direct physician contact. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines (not recommended for long term use- not to exceed 2 weeks) in a patient with a diagnosis of depressive disorder (telephonic consults), Xanax 1 mg #60 with one refill is not medically necessary.