

<b>Case Number:</b>	CM15-0088199		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/07/2005
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: 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 65 year old female, who sustained an industrial injury on December 7, 2005, incurring back, neck, lower extremity and shoulder injuries after a fall from a chair. She complained of neck pain radiating to both upper extremities. She was diagnosed with carpal tunnel syndrome, cervical and lumbar disc disease with disc bulging and stenosis and tendinopathy of both shoulders, and meniscal tears of both knees. Treatment included physical therapy, pain medications, neuropathic medications, anti-inflammatory drugs, and work restrictions. Currently, the injured worker complained of continued persistent pain and insomnia from the discomfort. She complained of severe spasms. The treatment plan that was requested for authorization included prescriptions for Ativan and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan tab 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of benzodiazepines, such as Ativan, as a treatment modality. These guidelines state that 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. 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. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the records indicate that the use of the benzodiazepine Ativan has extended well beyond these above cited guidelines. There is no medical justification provided in support of long-term use. Therefore, Ativan is not medically necessary.

**Ambien tab 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Chronic Pain Section: Zolpidem.

**Decision rationale:** The Official Disability Guidelines comment on the use of sedative/hypnotic medications (sleeping pills) such as Zolpidem (also known as Ambien). These guidelines state the following: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the records indicate that Ambien is being used as a long-term treatment strategy for this patient's insomnia. Long-term use is not recommended per the above cited guidelines. For this reason, Ambien is not medically necessary.