

Case Number:	CM15-0088880		
Date Assigned:	05/13/2015	Date of Injury:	09/26/2000
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 female who sustained an industrial injury on 9/26/2000. Her diagnoses, and/or impressions, are noted to include: chronic pain; cervical strain/sprain; fibromyalgia; complex regional pain syndrome of the upper extremities; status-post bilateral carpal tunnel release; depression and constipation. No current imaging or electrodiagnostic studies are noted. Her treatments have included a home exercise program; the avoidance of bed rest; right stellate ganglion block (11/26/13) - effective; acupuncture treatments - effective; and medication management. Progress notes of 1/22/2015 noted a follow-up visit for pain medication and re-examination. Her complaints included neck pain that radiated down into the bilateral upper extremities, aggravated by activity; and low back pain that radiated down the bilateral lower extremities, with frequent muscle spasms, and aggravated by activity; with relief of pain from her medications. Also reported was moderate nausea and constipation. The objective findings were noted to include 11/18 fibro tender points for fibromyalgia; tenderness with painful range-of-motion of the cervical spine; decreased sensation and strength to the bilateral upper extremities; tender para-spinal lumbar nerves; swelling and decreased grip strength to the bilateral hands; and allodynia & temperature changes in the bilateral upper extremities. The physician's requests for treatments were noted to include the continuation of Xanax and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 with 2 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 Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Xanax on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Xanax 0.5mg #60 with 2 refills i.e. a 3-month supply is excessive and not medically necessary.

Ambien 10mg #30 with 2 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), Pain, 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) Chapter: Mental Illness & Stress, Topic: Insomnia treatment.

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Ambien 10mg #30 with 2 refills i.e. a three-month supply is excessive and not medically necessary since Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days) per the guidelines.