

Case Number:	CM15-0237628		
Date Assigned:	12/14/2015	Date of Injury:	01/25/2011
Decision Date:	01/21/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of January 25, 2011. In a Utilization Review report dated November 12, 2015, the claims administrator failed to approve requests for Xanax and Ambien. The claims administrator referenced an October 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated November 2, 2015, Xanax and Ambien were sought. On an associated progress note dated October 9, 2015, the applicant reported ongoing issues with panic attacks, agoraphobia, depression, anxiety, and tension. Xanax and Ambien were renewed. The applicant was described as having left her job and was reportedly not working anywhere, the attending provider stated in one section of the note. The applicant had been off of work, on total temporary disability, from a mental health standpoint, the attending provider acknowledged, for large portions of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the 120-tablet renewal request for Xanax implied chronic, long-term, and/or multiple times daily usage of the same, i.e., usage at odds with the ACOEM position against long-term usage of anxiolytics. Therefore, the request was not medically necessary.

Ambien 10mg # 60: 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 (Chronic), Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for Ambien, a sedative agent, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, continued usage of Ambien represented treatment at odds with both the FDA label and with ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for chronic or long-term usage but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.