

Case Number:	CM14-0126778		
Date Assigned:	08/13/2014	Date of Injury:	08/15/2007
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 57-year-old female with an 8/15/07 date of injury. At the time (7/22/14) of the decision for Ambien 10mg #30 and Alprazolam 0.5mg #60, there is documentation of subjective (depression, sleep disturbance, anxiety, panic feelings, and decreased energy) and objective (depressive facial expression and visibly anxious) findings. The current diagnosis is major depressive disorder. The treatment to date includes ongoing treatment with Ambien since at least 2012, Atarax, Wellbutrin, and Alprazolam since at least 2012. Medical reports identify improvement in patient's symptoms. The patient is able to concentrate better, had fewer problems retaining reading material, able to think clearly, and able to follow TV shows with medications. Regarding Ambien, there is no documentation of intention to treat over a short course (less than two to six weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Regarding Alprazolam, there is no documentation of intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Alprazolam use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of major depressive disorder. In addition, there is documentation of sleep disturbance and ongoing treatment with Ambien. However, given documentation of records reflecting prescriptions for Ambien since at least 2012, there is no documentation of the intention to treat over a short course (less than two to six weeks). In addition, despite documentation of improvement in patient's symptoms with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ambien use to date. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg #30 is not medically necessary.

Alprazolam 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of major depressive disorder. In addition, there is documentation of ongoing treatment with Alprazolam. However, given documentation of records reflecting prescriptions for Alprazolam since at least 2012, there is no documentation of intention to treat over a short course (up to 4 weeks). In addition, despite documentation of improvement in patient's symptoms with medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Alprazolam use to date. Therefore, based on guidelines and a review of the evidence, the request for Alprazolam 0.5mg #60 is not medically necessary.

