

Case Number:	CM14-0133566		
Date Assigned:	09/10/2014	Date of Injury:	10/18/2012
Decision Date:	10/10/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal Medicine 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:

The patient is a 54 year old female who was injured on 10/19/2012. The mechanism of injury is unknown. Prior treatment history has included CPAP. Diagnostic studies reviewed include sleep study dated 02/21/2014 revealed the patient to have sleep apnea. Follow-up psychiatric note dated 05/21/2014 states the patient presented with complaints of anxiety, tension, and irritability. Her depression, panic attacks and agoraphobia are reduced. The patient also has insomnia due to pain has decreased as well. Her thought content was less tense and dysphoric. She denied psychotic symptoms or thoughts of harming herself or others. She is diagnosed with major depression, single episode moderately severe, and panic disorder with agoraphobia. The patient's treatment plan consisted of Celexa 20 mg, Ativan 1 mg, and Ambien 10 mg. Prior utilization review dated 08/16/2014 states the request for 12-4-13 Ativan 1 mg 1 bid prn #60 refill x2 is denied; 2-24-14 Ativan 1mg 1 qid prn #90; 3-26-14 Ativan 1 mg 1 qid prn #120 refill x1 is certified; 5-21-14 Ativan 1mg 1 qid prn #120 refill x 2 is certified; 2-24-14 Ambien 10mg 1 qhs prn #30 is denied; 2-4-13 Ambien 10mg 1 qhs prn #30 refill x 2; 10-09-13 Ambien 10mg 1 qhs prn #30 refill x1 is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-4-13 Ativan 1 mg 1 bid prn #60 refill x2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Generally benzodiazepine therapy is not recommended for greater than 4 weeks. From the clinical documents it appears the patient has been on Ativan for significantly longer than the recommended duration. The clinical documents did not justify the use of chronic benzodiazepine use outside of guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

2-24-14 Ativan 1mg 1 qic prn #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Generally benzodiazepine therapy is not recommended for greater than 4 weeks. From the clinical documents it appears the patient has been on Ativan for significantly longer than the recommended duration. The clinical documents did not justify the use of chronic benzodiazepine use outside of guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

3-26-14 Ativan 1 mg 1 qic prn #120 refill x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Generally benzodiazepine therapy is not recommended for greater than 4 weeks. From the clinical documents it appears the patient has been on Ativan for significantly longer than the recommended duration. The clinical documents did not justify the use of chronic benzodiazepine use outside of guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

5-21-14 Ativan 1mg 1 qic prn #120 refill x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Generally benzodiazepine therapy is not recommended for greater than 4 weeks. From the clinical documents it appears the patient has been on Ativan for significantly longer than the recommended duration. The clinical documents did not justify the use of chronic benzodiazepine use outside of guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

2-24-14 Ambien 10mg 1 qhs prn #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS is silent regarding the request. The ODG recommends Ambien as an option for short-term therapy of insomnia. Treatment with Ambien should generally not exceed 2-6 weeks of therapy. From the clinical documents it appears the patient has been on Ambien therapy for well above the recommended duration. The clinical documents did not justify the use of chronic Ambien use outside of guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

12-4-13 Ambien 10mg 1 qhs prn #30 refill x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS is silent regarding the request. The ODG recommends Ambien as an option for short-term therapy of insomnia. Treatment with Ambien should generally not exceed 2-6 weeks of therapy. From the clinical documents it appears the patient has been on Ambien therapy for well above the recommended duration. The clinical documents did not justify the use of chronic Ambien use outside of guideline recommendations. Based on the

guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

10-09-13 Ambien 10mg 1 qhs prn #30 refill x1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS is silent regarding the request. The ODG recommends Ambien as an option for short-term therapy of insomnia. Treatment with Ambien should generally not exceed 2-6 weeks of therapy. From the clinical documents it appears the patient has been on Ambien therapy for well above the recommended duration. The clinical documents did not justify the use of chronic Ambien use outside of guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

9-9-13 Ambien 10mg 1 qhs prn: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS is silent regarding the request. The ODG recommends Ambien as an option for short-term therapy of insomnia. Treatment with Ambien should generally not exceed 2-6 weeks of therapy. From the clinical documents it appears the patient has been on Ambien therapy for well above the recommended duration. The clinical documents did not justify the use of chronic Ambien use outside of guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.