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| <b>Case Number:</b>   | CM14-0094892 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 11/23/2004 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 05/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2014 |

### 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 Occupational 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 60-year-old female who has submitted a claim for chronic pain to neck and shoulders, depression; associated with an industrial injury date of 11/23/2004. Medical records from 2013 through 2014 were reviewed. Patient complains of pain in neck and shoulders, rated at 6-7 out of 10. Medications provide relief of about 50%. The progress report, dated 04/08/2014, showed patient's somatic complaints, pain complaints; functional complaints, depression and anxiety have decreased. The patient's tolerance for work functions and/or activities of daily living, as well as strength and endurance has increased. Physical examination revealed tenderness in both shoulders with moderate spasms in the bilateral trapezius muscles. There is mild tenderness to palpation of the cervical spinous processes with no change in her limited mobility. Treatment to date has included cognitive behavioral therapy, opioid analgesics, antidepressants and other oral medications. A Utilization review from 05/27/2014 denied the request for Ambien 10 mg #30 because there was no documentation to support efficacy of medication such as improved sleep hours. There is no evidence that patient has been on this medication. Medical records are lacking. The same review denied the request for Clonazepam 1 mg #30 because long term use of benzodiazepine is not recommended. Patient has been on Clonazepam since November 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg #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) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 04/10/14.

**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.

**Decision rationale:** The CA MTUS does not address Ambien. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Ambien (Zolpidem) is a prescription short-acting non-Benzedrine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. In this case, the documentation does not provide information if this patient has started taking Ambien before or if this is a new request. Patient is diagnosed with depression and chronic pain. From the submitted medical records, there are no reported episodes of sleep hygiene disturbances. Therefore, the request for Ambien 10mg #30 is not medically necessary.

**Clonazepam 1 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 04/10/14.

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

**Decision rationale:** As stated on page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. The patient has been on Clonazepam since at least November 2013 (10 months to date) for depression. Chronic use of Clonazepam is not supported by the guidelines. There is no discussion to support the need for continuation of clonazepam use. Therefore, the request for Clonazepam 1 mg #30 is not medically necessary.