

Case Number:	CM14-0096345		
Date Assigned:	09/15/2014	Date of Injury:	04/14/1998
Decision Date:	10/15/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 & 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 47-year-old female with a 4/14/98 date of injury. At the time (4/16/14) of request for authorization for Xanax XR 2mg tid pm QTY: unknown, Labs- Thyroid and Lipid Panels, and Ambien CR 12.5mg q hs prn QTY: unknown, there is documentation of subjective (chronic pain and difficulty performing activities of daily living) and objective (appropriate mood and affect) findings, current diagnoses (major depression, single episode, moderate; generalized anxiety disorder, and pain disorder associated with both psychological factors and a general medical condition), and treatment to date (ongoing therapy with Ambien, Xanax, and anti-depressants). Medical report identifies the patient is doing well on current medication regimen. Regarding Xanax XR 2mg tid pm QTY: unknown, there is no documentation of short-term (less than 4 weeks) treatment 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 use of Xanax. Regarding Ambien CR 12.5mg q hs prn QTY: unknown, there is no documentation of insomnia, short-term (two to six weeks) treatment of insomnia, 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 use of Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax XR 2mg tid (3 times a day) PM, (unknown quantity): 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 Benzodiazepines Page(s): 24. 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 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 diagnoses of major depression, single episode, moderate; generalized anxiety disorder, and pain disorder associated with both psychological factors and a general medical condition. However, given documentation of ongoing treatment with Xanax, there is no documentation of short-term (less than 4 weeks) treatment. In addition, despite documentation that the patient is doing well on current medication regimen, there is no (clear) 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 use of Xanax. Furthermore, there is no documentation of the amount of Xanax requested. Therefore, based on guidelines and a review of the evidence, the request for Xanax XR 2mg tid (3 times a day) PM, (unknown quantity) is not medically necessary and appropriate.

Labs- Thyroid and Lipid Panels: 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 Other Medical Treatment Guideline or Medical Evidence: Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: MTUS and ODG do not address the issue. The statutory basis for Medicare is found in Title 18 of the Social Security Act. Paragraph 1862(a)(1)(A) defines reasonable and necessary as those tests and procedures used in the diagnosis or management of illness or injury or to improve functioning in a malformed body part. Tests and procedures defined as experimental by the Food and Drug Administration (FDA) or the Health Care Financing Administration (HCFA) are not considered reasonable. FDA approval does not also automatically mean medical necessity. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of major depression, single episode, moderate; generalized anxiety disorder, and pain disorder associated with both psychological factors and a general medical condition. However, there is no documentation of a clearly stated rationale identifying why laboratory tests are needed. Therefore, based on guidelines and a

review of the evidence, the request for Labs- Thyroid and Lipid Panels is not medically necessary.

Ambien cr 12.5mg q hs prn QTY: unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG 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 diagnoses of major depression, single episode, moderate; generalized anxiety disorder, and pain disorder associated with both psychological factors and a general medical condition. However, there is no documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien, there is no documentation of short-term (two to six weeks) treatment of insomnia. Furthermore, despite documentation that the patient is doing well on current medication regimen, there is no (clear) 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 use of Ambien. Lastly, there is no documentation of the amount of Ambien requested. Therefore, based on guidelines and a review of the evidence, the request for Ambien CR 12.5mg q hs prn (at bed time as needed, unknown quantity) is not medically necessary and appropriate.