

Case Number:	CM14-0217004		
Date Assigned:	01/06/2015	Date of Injury:	02/25/2009
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 56 year old male continues to experience anxiety, panic attacks, and depression stemming from a work related injury involving several months of intense on-the-job emotional stress, reported on 2/25/2009. Diagnoses include: panic disorder; anxiety disorder and depressive disorder. Treatments have included: multiple medical and psychiatric consultations and hospitalizations; and medication management. This injured worker (IW) is noted to have plateaued, to be considered permanent and stationary with no further improvement expected, but with Ambien and Xanax is able to successfully work and avoid relapse; however without these medications, he is unable to function, minimally, at home or in the community, reportedly. The 8/11/2014 mental health report shows that both Xanax and Ambien, alone, are sufficiently managing the anxiety and insomnia stemming from the industrial psychiatric injury, allowing this IW to continue successfully work at his job of 25 years; and that without these medications the IW would rapidly deteriorate and would be unable to meet the expectations of his employer. Noted was this visit was requested emergently by the IW due to a panicked state over the possibility of both Xanax and Ambien becoming unavailable, and the fear of another severe mental decompensation that would result in another psychiatric hospitalization, such as what happened in 2009, would repeat. The IW was assured by this physician that these medications would not be discontinued so long as they continued to allow for the IW to remain successful. Noted in this report is that after the 2009 breakdown and subsequent hospitalizations (medical and psychiatric), and 9 months off work, that due to a smooth and successful change in position and location of work, this IW was able to stop taking the anti-psychotic medication (Seroquel)

once needed, and remain only on Xanax 0.5mg 2 times a day when needed with Ambien 10mg at night when needed for sleep to manage his symptoms and remain successfully employed. On 12/18/2014 Utilization review modified the request for Xanax 0.5mg, as needed for anxiety, #90 and Ambien 10mg, as needed for insomnia, #60, stating that medical necessity of the requested treatments have not been established in the medical record, and resulting in a modified amount of each medication in order to allow for a safer taper off these medications. Cited were the MTUS and ODG, chronic pain treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, although there was some reported benefits from Xanax use helping the worker to continue to work, the long-term plan to use this medication is not recommended. Therefore, Xanax will be considered medically unnecessary. Weaning may be 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), EBM

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce.