

<b>Case Number:</b>	CM15-0110555		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/20/1999
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 58 year old male, who sustained an industrial injury on 2/20/99. The injured worker was diagnosed as having sleep disorder, major depressive disorder, pain disorder without agoraphobia, post-traumatic stress disorder, and pain disorder associated with both psych factors and general medical conditions. Treatment to date has included psychotherapy and medication. On 7/15/14 pain was noted to be 8/10. The injured worker noted sleeping 5-6 hours with Ambien. Currently, the injured worker complains of pain in the neck to the lower back and down the legs. The treating physician requested authorization for Neurontin 400mg #120 with 2 refills, Ambien 10mg #30 with 2 refills, and Xanax 0.5mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 400 mg #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 400 mg #120 with 2 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are depressive disorder NOS; sleep disorder; and chronic pain. The request for authorization is dated May 12, 2015. The most recent progress of the medical record is dated December 16, 2014. The earliest progress note in the medical record is limited January 15, 2013. Injured worker was taking Neurontin 800 mg daily, Ambien 10 mg, Xanax 0.5 mg, Trazodone, Norco 10/325 mg, Cymbalta and Viagra. Soma was an additional drug noted in the December 16, 2014 progress note. The injured worker's primary treating provider is a psychiatrist. There is no documentation of objective functional improvement with ongoing Neurontin 400 mg b.i.d. to support ongoing Neurontin. Additionally, the request for authorization is dated May 12, 2015. There is no contemporary progress note documentation on or about the date of request for authorization. The most recent progress note date is December 16, 2014. Consequently, absent clinical documentation with objective functional improvement to support ongoing Neurontin and contemporary clinical documentation on or about the date of request for authorization, Neurontin (Gabapentin) 400 mg #120 with 2 refills is not medically necessary.

**Ambien 10 mg #30 with 2 refills:** 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, Zolpidem.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Ambien 10 mg #30 with 2 refills is not medically necessary. Ambien (zolpidem) is a short acting non-benzodiazepine hypnotic recommended for short-term (7-10 days) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely recommend them for will use. They can be habit forming and may impair function and memory more than opiates. The dose for Ambien and women should be lowered from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended-release products (Ambien CR). In this case, the injured worker's working diagnoses are depressive disorder NOS; sleep disorder; and chronic pain. The request for authorization is dated May 12, 2015. The most recent progress of the medical record is dated December 16, 2014. The earliest progress note in the medical record is limited January 15, 2013. Injured worker was taking Neurontin 800 mg daily, Ambien 10 mg, Xanax 0.5 mg, trazodone, Norco 10/325 mg,

Cymbalta and Viagra. Soma was an additional drug noted in the December 16, 2014 progress note. The injured worker's primary treating provider is a psychiatrist. The documentation indicates the injured worker is sleeping seven hours per night according to a December 16, 2014 progress note. The request for authorization is dated May 12, 2015. There is no contemporary clinical documentation on or about the date of request for authorization. The most recent progress note is December 16, 2014. Subjectively, the worker is sleeping better approximately 7 hours per night. However, Ambien is recommended for short-term (7 to 10 days) treatment of insomnia. The treating provider has continued Ambien in excess of two years. Consequently, absent compelling clinical documentation with guideline recommendations to support Ambien in excess of two years (guidelines recommend 7 to 10 days), Ambien 10 mg #30 with 2 refills is not medically necessary.

**Xanax 0.5 mg #90 with 2 refills: 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 Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 0.5mg #90 with 2 refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are depressive disorder NOS; sleep disorder; and chronic pain. The request for authorization is dated May 12, 2015. The most recent progress of the medical record is dated December 16, 2014. The earliest progress note in the medical record is limited January 15, 2013. Injured worker was taking Neurontin 800 mg daily, Ambien 10 mg, Xanax 0.5 mg, trazodone, Norco 10/325 mg, Cymbalta and Viagra. Soma was an additional drug noted in the December 16, 2014 progress note. The injured worker's primary treating provider is a psychiatrist. The request for authorization is dated May 12, 2015. There is no contemporary clinical documentation on or about the date of request for authorization. The most recent progress note is December 16, 2014. Xanax is not recommended for long-term use (longer than two weeks). The treating provider has prescribed Xanax 0.5 mg in excess of two years. There is no documentation reflecting objective functional improvement to support ongoing Xanax 0.5 mg. Consequently, absent clinical documentation with objective functional improvement to support ongoing Xanax 0.5 mg and guidelines non-recommendations for long-term use (longer than two weeks) with an ongoing prescription in excess of two years, Xanax 0.5mg #90 with 2 refills is not medically necessary.