

<b>Case Number:</b>	CM15-0112125		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 49 year old female who reported an industrial injury on 12/17/2007. Her diagnoses, and/or impressions, are noted to include: facial and left shoulder contusion, secondary to fall caused by numbness/tingling; status-post lumbosacral fusion (3/20/13); lumbar radiculopathy; and compensatory stress and depression. No recent imaging studies are noted. Her treatments have included Cortisone injection therapy (5/16/15); a home exercise program; medication management; and modified work duties. The progress notes of 5/16/2015 reported a follow-up visit for persistent symptoms; an increase in back and bilateral leg pain; doing well post-operatively; continued numbness/tingling in her legs; as well as left shoulder and left ankle pain; and that her medications are helping her symptoms as she works modified duties. Objective findings were noted to include no acute distress; a non-antalgic gait with limped walk and use of cane; tenderness in the thoracic and lumbar para-spinal muscles, and spasm with range-of-motion; an abnormal, bilateral, toe-walk; decreased sensation in the bilateral lumbar dermatomes, left > right; minimal decrease in strength in the left extensor hallucis longus; and resolving bruises about the left arm/forearm and left-sided rib cage. The physician's requests for treatments were noted to include Zolpidem and Alprazolam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Estab E/M office visit monthly:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker suffered from industrial injury resulting in chronic pain and she developed psychological symptoms secondary to the same. She is being prescribed Zolpidem and Alprazolam both of which are not indicated for long term use. The request for Estab E/M office visit monthly is not medically necessary as the request does not indicate the number of office visits being requested.

**Alprazolam 0.5mg #120 monthly:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): (s) 24, 124.

**Decision rationale:** MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Alprazolam on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Alprazolam 0.5mg #120 monthly is excessive and not medically necessary.

**Zolpidem 10mg #60 monthly:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Insomnia treatment and Other Medical Treatment Guidelines FDA.gov- Ambien.

**Decision rationale:** ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Zolpidem 10mg #60 monthly is excessive and not medically necessary as Ambien is indicated only for short term treatment of insomnia with difficulty of sleep onset. Its use should be limited to 7-10 days only per the guidelines. The US FDA limit for dose of this medication is 5 mg for females and 10 mg for males. The request exceeds the guideline recommendations. Therefore the request is not medically necessary.