

<b>Case Number:</b>	CM15-0113232		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	12/05/1997
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67-year-old male, with a reported date of injury of 12/05/1997. The diagnoses include major depressive disorder, generalized anxiety disorder with panic attacks, and psychological factors affecting medical condition. Treatments to date have included oral medications and psychological treatment. The narrative report on medication management dated 05/27/2015 indicates that the injured worker was provided with a psychological evaluation and treatment. He presented for medication management for persistent symptoms of depression, anxiety, and stress-related medical complaints arising from an industrial stress injury to the psyche. It was noted that the multiple medications had not had any significant side effects of negative interactions. The medications all interact to improve anxiety, depression, confusion, emotional control, and stress intensified medical complaints. It was also noted that removing one medication could tip the scale to cause worsened symptoms in all areas. Adjustments in medication would be provided according to the injured worker's needs. It was documented that the injured worker's current subjective complaints, subjective findings, and prescriptions written had been set forth in an attached progress report. However, the progress report was not included in the medical records provided for review. The treating physician requested Clonazepam 1mg with two refills and Ambien CR 12.5mg with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 1mg prn anxiety, with two (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 Mental and Stress - Benzodiazepines.

**Decision rationale:** MTUS Guidelines do not support the long term use of Benzodiazepines for conditions associated with chronic pain which includes anxiety and sleep disorders. ODG Guidelines are more specific in addressing these medications in the section on mental health and stress. Consistent with MTUS Guidelines the ODG Guidelines do not support the chronic use of Benzodiazepine for mental health conditions. The Guidelines include updated medical concerns that long term use is causative of early onset and increased risk for dementia syndromes. There are no unusual circumstances to justify an exception to Guidelines. The Clonazepam 1mg prn anxiety, with two (2) refills is not medically necessary.

**Ambien CR 12.5mg 1 qhs, with two (2) refills: 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 Official Disability Guidelines Pain, Insomnia Treatment Mental and Stress, Insomnia.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and the updated versions support the use of hypnotic medications for chronic insomnia related to chronic pain. However, Ambien is specifically not recommend for long term nightly use, other alternative medications are. There are no unusual circumstances why the Guideline recommendations should not apply and other medications utilized. The Ambien CR 12.5 qhs, with two (2) refills is not supported by Guidelines and is not medically necessary.