

Case Number:	CM15-0114261		
Date Assigned:	06/22/2015	Date of Injury:	08/29/2012
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 48 year old male, who sustained an industrial injury on 8/29/12. The diagnoses have included adjustment disorder with mixed anxiety and depressed mood, hypertension and diabetes. Treatment to date has included medications, diagnostics, therapy and psychiatric care. Currently, as per the physician follow up psychiatric progress note dated 5/8/15, the injured worker complains of anxiety, tension, irritability, insomnia, depression and crying episodes which have decreased with use of medications. He also complains of memory and concentration impairment, appetite and weights are low, and energy is low. The mental status exam reveals that he exhibits a less tense and dysphoric mood, his thought content is less tense and dysphoric consistent with the mood and circumstance. There is no thought disorder, he is well focused on the exam and answers appropriately, he denies psychotic symptoms or thoughts of harming self or others and his judgment and insight are intact with no impaired reality testing. The current psychotropic medications included Xanax, Ambien, and Celexa. The physician requested treatments included Xanax 0.5mg #60 and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long-term use and use is limited to 2-3 weeks. Benzodiazepines are not recommended for use with chronic opioids. In this case, the patient has been taking Xanax for longer than 4 weeks, which is not in compliance with guidelines. The request for Xanax 0.5 mg #60 is not medically necessary and appropriate.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia treatment, ambien.

Decision rationale: Ambien is a non-benzodiazepine sedative hypnotic which guidelines do not recommend for long term use. In this case, the patient has been on Ambien for an extended period. The request for Ambien 10 mg #30 is not medically necessary and appropriate.