

Case Number:	CM15-0114915		
Date Assigned:	06/23/2015	Date of Injury:	09/12/2011
Decision Date:	07/27/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania

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 52 year old female who sustained an industrial injury on September 12, 2011. She reported knee, back, neck, hip and wrist pain, decreased energy, weight gain and poor sleep. The injured worker was diagnosed as having brachial neuritis or radiculitis, enthesopathy of hip, internal derangement of knee, gastroduodenal disorders, depression, and anxiety disorder. Treatment and evaluation to date has included diagnostic studies, surgical interventions of the bilateral wrists, left knee and left hip, physical therapy, a right elbow support, medications and work restrictions. Currently, the injured worker complains of continued abnormal gait, a tender cervical spine, right elbow pain with decreased range of motion, decreased sensations in the bilateral ulnar nerve distribution, left sided lumbar spine pain with decreased range of motion and muscle spasms, pain in the left hip, left leg discrepancy, left knee pain with mild effusion, depression and anxiety. The injured worker reported industrial injuries from 2010 to 2011, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 6, 2015, revealed continued pain. Hydrocodone dosage was increased. Evaluation on April 7, 2015, revealed continued pain with associated symptoms as noted. It was noted there was no improvement since the previous visit. Skeletal muscle relaxants and pain medications were continued. Evaluation on May 6, 2015, revealed continued pain as noted with associated symptoms. It was noted there was no significant improvement since the last exam. She noted left hip pain with hematoma and swelling. It was noted a podiatrist diagnosed her with left leg length discrepancy of one quarter to one half of an inch. She noted increased low back pain and

worsened right hip compensatory pain. It was noted the left lower extremity was swollen as well as the left knee. It was noted she was diagnosed with left shoulder capsulitis, decreased range of motion in the left shoulder and left shoulder joint tears secondary to crutch use following left knee surgery in 2013. She is waiting for authorization for additional physical therapy following carpal tunnel release. It was noted the right and left carpal tunnel surgical intervention incisions were well healed as well as the left hip incision. Skeletal muscle relaxants and pain medications were continued. Work status was noted as permanently disabled. A psychiatric report from 3/5/15 was submitted. The injured worker was seen for medication management for persistent symptoms of depression, anxiety, and stress-related medical complaints. It was noted that the injured worker had been provided with general instructions on sleep hygiene. The injured worker reported sleep disturbance, difficulty falling asleep and staying asleep, excessive worry, restlessness, inability to relax, and muscle tension. Ambien 10 mg #30, Ativan 0.5 mg #120 and Buspar 10 mg #90 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar 10 mg #90: 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), anxiety medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Anxiety medications in chronic pain.

Decision rationale: California MTUS guidelines do not specifically address the use of Buspar. According to the Official Disability Guidelines (ODG), Buspar is a prescription approved for short-term use (about four weeks), for the treatment of anxiety symptoms. It was noted the injured worker had poor sleep, depression and anxiety secondary to chronic pain. There were no documented short-term goals for weaning off the medication after a short duration. Many antidepressants, in particular the selective serotonin reuptake inhibitors (SSRIS), are considered first line agents in the treatment of most forms of anxiety. There was no documentation of trial of a first line agent for the treatment of anxiety for this injured worker. As such, the request for Buspar 10mg # 90 is not medically necessary.

Ambien 10 mg #30: 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, 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 chapter: Zolpidem (Ambien).

Decision rationale: California MTUS guidelines do not specifically address the use of Ambien or other non-benzodiazepine sedative drugs. According to the Official Disability Guidelines (ODG), zolpidem (Ambien) is a prescription short acting, non-benzodiazepine hypnotic, which is recommended for short-term use (7-10 days), for the treatment of insomnia. Sleep aides and anti-anxiety medications are habit forming and intended for short term use. It was noted the injured worker had poor sleep. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia was not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture, and depression. This injured worker has also been prescribed a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. The dose of ambien (zolpidem) for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. The dose requested is in excess of that recommended by the guidelines for this female injured worker. For these reasons, Ambien 10mg # 30 is not medically necessary.

Ativan 0.5 mg #120: 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, Lorazepam.

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 chapter: benzodiazepines, anxiety medications in chronic pain.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use. It is noted long-term efficacy is unproven and there is a risk for dependency. Benzodiazepines are habit forming and intended for short term use usually less than four weeks. It was noted the injured worker had poor sleep, depression and anxiety secondary to chronic pain. There were no documented short-term goals for weaning off the medication after a short duration. Many antidepressants, in particular the selective serotonin reuptake inhibitors (SSRIs), are considered first line agents in the treatment of most forms of anxiety. There was no documentation of trial of a first line agent for the treatment of anxiety for this injured worker. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has also been prescribed hydrocodone, an opioid, and ambien, a sedative. For these reasons, the request for Ativan 0.5mg #120 is not medically necessary.