

Case Number:	CM15-0119557		
Date Assigned:	08/24/2015	Date of Injury:	03/23/2006
Decision Date:	09/28/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old male patient who sustained an industrial injury on 03-23-2006. Current diagnosis includes depressive disorder. He sustained the injury due to cumulative trauma to both knees, and later developed onset of mental symptoms because of pain, disability, and job stress continuing to present. Per the secondary treating physician report dated 5/20/15, he had no new complaints and occasionally used meloxicam and hydrocodone for postoperative knee pain. The medications list includes meloxicam, hydrocodone, omeprazole, metformin, lisinopril, amlodipine and HCTZ. Report dated 05-15-2015 was a follow up psychiatric phone consultation. Per the note dated 5/15/15, he had psychiatric complaints including anxiety, depression, and decreased irritability, reduced depression, denies crying episodes, denies feeling that life was not worth living, denies suicidal ideation, insomnia reduced, memory and concentration increased, denies panic attacks, appetite and weight stable, energy level increased, sociability increased, sexual activity low due to pain and lack of interest, rare alcohol use, denies auditory or visual hallucinations, and denies danger to self or others. Examination was not included. The treatment plan included prescribing Ambien, Xanax, Prozac, and phone consultation in 12 weeks. He has been prescribed Ambien and Xanax since prior to 01-09-2015. He has undergone multiple bilateral knee surgeries including right total knee replacement on 1/13/2015. He has had multiple diagnostic studies including lumbar spine MRI, left shoulder MRI and bilateral knee MRIs. Previous treatments included medications, surgical intervention, physical therapy, hypotherapy, and psychotherapy. Disputed treatments include Ambien and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with 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 (ODG) Chapter: Pain (updated 09/08/15) Zolpidem (Ambien®).

Decision rationale: Ambien 10mg #30 with 2 refills. Zolpidem is a short-acting non-benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the 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, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over the long-term." Other sedating medications are part of the pt's medication list like hydrocodone. The effect of these medications on the pt's sleep was not specified in the records provided. A detailed rationale for the long-term use of Ambien was not specified in the records provided. A trial of other non-pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. The medical necessity of Ambien 10mg #30 with 2 refills is not fully established for this patient at this time, given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.

Xanax 1 mg #60 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 24 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 08/31/15) Benzodiazepine.

Decision rationale: Xanax 1 mg #60 with 2 refills. Xanax contains Alprazolam, which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase

anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. A detailed history of insomnia and anxiety since the date of injury is not specified in the records provided. Response to other measures for insomnia/anxiety is not specified in the records provided. The medical necessity of Xanax 1 mg #60 with 2 refills is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.