

Case Number:	CM15-0120481		
Date Assigned:	07/01/2015	Date of Injury:	12/05/2009
Decision Date:	08/14/2015	UR Denial Date:	06/04/2015
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: 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 male, who sustained an industrial injury on December 5, 2009. He reported injuries of the neck and bilateral hands/wrists. The injured worker was diagnosed as having cervical discopathy, overuse tendinopathy of the bilateral upper extremities, lumbar sprain/strain, anxiety and depression, status post right carpal tunnel release in 2013, and left carpal tunnel syndrome. Treatment to date has included a home exercise program, work modifications, anti-anxiety medication, and sleep medication. There were no noted previous injuries or dates of injury, and no noted comorbidities. On April 24, 2015, the injured worker complains of ongoing bilateral upper extremity pain, and anxiety with return to work with improvement as the week progresses. He continues to need medication for sleep and anxiety. His mood and affect were normal. The bilateral hand exam revealed palm tenderness with painful grip, a well-healed right hand incision with mild dorsal aspect tenderness, range of motion with end range pain, intact neurological signs, and mild left hand Tinel's and Phalen's. The cervical spine exam revealed mild midline tenderness with spasm and tightness upon full but end range pain, negative compression test and Spurling's maneuver, intact deep tendon reflexes, and decreased range of motion with pain. The treatment plan includes continuing the Ambien 10mg one at bedtime and Xanax 1mg one every day as needed.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Zolpidem.

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.

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." Per guidelines, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for another three month supply of the medication i.e. Ambien 10mg #30 with 2 refills is excessive and not medically necessary.

Xanax 1mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(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 Xanax on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for another three month supply of the medication i.e. Xanax 1mg #30 with 2 refills is not medically necessary.