

Case Number:	CM15-0124551		
Date Assigned:	07/09/2015	Date of Injury:	02/11/2010
Decision Date:	09/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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

Certification(s)/Specialty: Pediatrics, 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 61 female, who sustained an industrial injury on February 11, 2010. She reported a right elbow injury, right knee injury, and a flare-up of neck pain. The injured worker was diagnosed as having anxiety disorder NOS (not otherwise specified) with panic features. Treatment to date has included biofeedback for pain management, psychotherapy, and anti-anxiety medications. Work status: temporarily partially disabled. On May 5, 2015, the injured worker complains of trouble sleeping on various nights. The physical exam revealed anxiety. The treatment plan includes Klonopin 0.5mg: take 1/2 tab as needed and Ambien 20mg: take 1/2 at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg: 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 rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, benzodiazepines are recommended for short-term use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are limited to 4 weeks use by most guidelines. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. The tolerance of the hypnotic effects of benzodiazepines develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. "A more appropriate treatment for anxiety disorder is an antidepressant". The medical records show that Klonopin was initially prescribed in January 2015, but the injured worker did not start taking the Klonopin until sometime between March 18, 2015 and April 21, 2015. In addition, the treating physician prescribed 30 tablets and the injured worker is to take 1/2 tablet as needed. The treating physician's request did not include how many times a day or how frequently as needed this medication was to be used. As such, the prescription is not sufficient. Therefore, based on the lack of clear documentation of when the injured worker started taking Klonopin and an insufficient prescription, the request for Klonopin is not medically necessary.

Ambien 20 mg: 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) Mental Illness & Stress: Zolpidem (Ambien); Insomnia treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent on this request. The Official Disability Guidelines (ODG) guidelines recommend Zolpidem (Ambien) for short-term (usually 2-6 weeks) treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. The medical records show the injured worker had trouble sleeping, which included difficulty with sleep onset. The treating physician prescribed Ambien 20mg - take 1/2 at bedtime #30 on May 5, 2015. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products. The quantity prescribed is excessive per the guideline recommendations. Therefore, the request for Ambien is not medically necessary.