

<b>Case Number:</b>	CM15-0165042		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2015

### 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: Arizona, 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:

The injured worker is a 26-year-old male, who sustained an industrial injury on 02-25-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, right shoulder and low back injuries as well as insomnia, depression, anxiety, irritability and tension. Medical records (to 07-07-2015) indicate ongoing depression and anxiety. Pain levels were 0 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 07-07-2015, revealed no physical findings, but report reduced insomnia, anxiety, tension and depression, and increased memory, concentration and energy levels. Relevant treatments have included psychological and psychiatric therapies, acupuncture, work restrictions, and medications (Ativan and Ambien for several months). The request for authorization (07-22-2015) shows that the following medications were requested: Ativan 1mg #60 and Ambien 10mg #30. The original utilization review (08-11-2015) partially approved the request for Ativan 1mg #60 (modified to 30), and Ambien 10mg #30 (modified to #15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Ativan for several months for anxiety along with an SSRI. Long-term use of Ativan is not recommended and addition of use of SSRIS and psychotropics along with continued behavioral interventions are more appropriate for long-term. The continued use of Ativan is not medically necessary.

**Ambien 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 - insomnia, page 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The claimant was receiving psychotherapy but sleep interventions were not noted. Continued and chronic use of Zolpidem (Ambien) is not medically necessary.