

Case Number:	CM15-0170395		
Date Assigned:	09/10/2015	Date of Injury:	08/06/2010
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 62 year old male who sustained an industrial injury on 08-06-2010. Mechanism of injury was cumulative trauma to his neck, shoulders, back, multiple parts and nervous system. Diagnoses include major depressive disorder, generalized anxiety disorder, and psychological factors affecting his medical condition, cervical spine sprain and strain, bilateral upper extremity radiculopathy, lumbar sprain and strain, and bilateral lower extremity radiculopathy. Physician progress notes dated from 05-18-2015 to 07-20-2015 documents the injured worker presents for medication management for persistent symptoms of depression, anxiety and stress related medical complaints arising from an industrial stress injury to the psyche. He complains of changes in appetite, lack of motivation, difficulty getting to sleep and staying asleep, decreased energy, and difficulty thinking. He is anxious, with restlessness, tension and inability to relax. He complains of headaches, muscle tension, increased pain, erectile dysfunction, peptic acid reaction, abdominal pain and cramping, constipation and diarrhea. He feels he is spending less time in bed, can concentrate better, he has an increased interest in activities, a decreased in some pain, and he feels less depressed, nervous and panicky. A total comprehensive list of medications was not provided. A partial list of medications includes Buspar, Celexa, Zolpidem, Alprazolam, and Nuvigil. He is not working. A physician progress noted dated 05-22-2015 documents the injured worker has ongoing pain and stiffness to his neck and lumbar spine. There is tenderness muscle spasms and decreased range of motion to his cervical and lumbar spine. Treatment to date has included medications, and medication management. On 08-16-2015 the Utilization Review non-certified the requested Zolpidem CR

12.5mg #30 with 2 refills and Alprazolam 0.5mg #60 with 2 refills due to potential dependency and tolerance with long-term use. The requested medication does not meet medical necessity based on information presented, it is expected that the ordering provide will follow recommended medication guideline for discontinuation. Panel QME psychiatric evaluation noted that polypharmacy between estazolam, zolpidem and alprazolam are concerning, as there is potential for addiction as well as overdose. The QME noted that Citalopram and BuSpar would make the most sense, and were strongly recommended to be continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." The long-term utilization of benzodiazepines is not supported per the MTUS guidelines. Therefore, the request for Alprazolam 0.5mg #60 with 2 refills is not medically necessary and appropriate.

Zolpidem CR 12.5mg #30 with 2 refills: 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/Ambien.

Decision rationale: According to ODG, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for 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 concern that they may increase pain and depression over the

long-term. ODG notes that according to SAMHSA, zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. the long term use of sleep aids is not supported per evidence based guidelines, and therefore the request for Zolpidem CR 12.5mg #30 with 2 refills is not medically necessary and appropriate.