

Case Number:	CM15-0176998		
Date Assigned:	09/17/2015	Date of Injury:	07/16/1999
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina

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 68 year old female sustained an industrial injury on 7-16-99. Documentation indicated that the injured worker was receiving treatment for depression, panic disorder without agoraphobia and pain disorder associated with both psychological factors and a general medical condition as well as ongoing pain to the shoulder, neck, back and elbows. Previous treatment included psychiatric care, psychotherapy and medications. In a Doctor's First Report of Occupational injury dated 5-19-15, the injured worker presented due to suicidal ideation. The injured worker complained of depression, stress and anxiety. The injured worker stated that she was in pain due to a recent surgical procedure. The treatment plan included prescriptions for Zoloft, Wellbutrin, Ambien and Xanax and psychotherapy. In a PR-2 dated 5-26-15, the injured worker stated that she felt better after the recent increase in Wellbutrin dosage. The injured worker reported sleeping for 3 to 4 hours. In a PR-2 dated 6-30-15, the injured worker stated that she was "pretty good today". The injured worker reported sleeping for four hours. The injured worker's depression rating was 8 out of 10. The treatment plan included continuing current medications (Wellbutrin, Zoloft, Ambien, Xanax, Norco and Soma) and psychotherapy on a monthly basis. In a PR-2 dated 8-18-15, the injured worker stated that she had not been able to sleep for three weeks because Ambien had not been approved. The injured worker also stated that she slept for 3 hours at night and woke up 2-3 times per night. The injured worker had a bruised area under the left eye from walking into a kitchen cabinet when she could not sleep. The injured worker rated her depression 8 out of 10. The injured worker was now undergoing psychotherapy on a weekly basis. The treatment plan included continuing psychotherapy and continuing medications (Wellbutrin, Zoloft, Xanax and Ambien). On 8-26-15, Utilization Review modified a request for Xanax 1mg #60 with one refill to Xanax 1mg #38 and noncertified a request for Ambien 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Benzodiazepines.

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines "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. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.

Ambien 5mg #30 with 1 refill: 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 and Stress, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ambien.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. PER the ODG:Zolpidem is a prescription short-acting non-benzodiazepine hypnotic approved for the short-term treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain. While sleeping pills, so-called minor tranquilizers and anti-anxiety medications are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. There is also concern that they may increase pain and depression over the long-term. The medication is not intended for use greater than 6 weeks. There is no notation or rationale given for longer use in the provided progress reports. There is no documentation of other preferred long-term insomnia intervention choices being tried and failed. For these reasons the request is not medically necessary.