MAXIMUS Federal Services

| Case Number: | CM15-0033545 | | |
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| Date Assigned: | 02/27/2015 | Date of Injury: | 02/16/2010 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 01/24/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

## 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 was a 53-year-old male, who sustained an industrial injury, from March 3, 1996 through February 16, 2010 with a specific injury on November 28, 2010. According to progress note of January 8, 2015, the injured workers chief complaint was cervical neck pain. The injured worker rated the pain at 8 out of 10; zero being no pain and 10 being the worse pain. The pain was described as constant, sharp and throbbing. The pain traveled up to the left ear, down into the right shoulder and down beneath the shoulder blades and traveling into the right arm with numbness and tingling sensation. The injured worker was diagnosed with asthma, reactive airway disease, hypoglycemia, sleep disorder, psychiatric disorder, abdominal pain, acid reflex and constipation. The injured worker previously received the following treatments toxicology laboratory studies, Ambien, Buspar, Wellbutrin, Lorazepam, Sertraline, Norco, MRI of the cervical spine, EMG/NCS (electromyography and nerve conduction studies) of the right upper extremity, physical therapy and psychiatric services. On January 8, 2015, the primary treating physician requested authorization for prescriptions for Ambien 10mg #30 with 2 refills and Buspar 10mg #60 with two refills. On January 24, 2015, the Utilization Review denied authorization for prescriptions for Ambien 10mg #30 with 2 refills and Buspar 10mg #60 with two refills. The denial was based on the MTUS/ACOEM and ODG guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg #30 x 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress chapter regarding Zolpidem/Ambien.

**Decision rationale:** This patient presents with continued symptoms of depression, anxiety and stress. The current request is for Ambien 10mg #30 X 2 refills. The utilization review states that Ambien has been prescribed to this patient since 2004. The ACOEM and MTUS Guidelines do not address Ambien; however, the ODG Guidelines under the mental illness and stress chapter regarding Zolpidem/Ambien states, "Zolpidem, Ambien generic available Ambien CR, is indicated for short-term treatment of insomnia with difficulty of onset (7-10 days)." In this case, review of the medical file indicates the patient has been utilizing Ambien as early as 2004 and ODG only support short-term use of this medication. The requested Ambien IS NOT medically necessary.

**Buspar 10mg #60 x 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic chapter, Anxiety medications in chronic pain discusses Buspirone.

**Decision rationale:** This patient presents with continued symptoms of depression, anxiety and stress. The current request is for Buspar 10mg #60 X 2 refills. ODG Guidelines, Pain Chronic chapter, Anxiety medications in chronic pain discusses Buspirone and states, "c. 5-HT1A Agonist: Buspirone, Buspar, generic available: also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Chessick, 2006 Dosing information: 5-15 mg three times daily." Buspirone is an anti-anxiety medication that is "approved for short-term relief of anxiety symptoms." The utilization review states that Buspar has been prescribed to this patient since November 2013. Given this medication has been prescribed for long-term use, recommendation for further use cannot be made. This request IS NOT medically necessary.