

Case Number:	CM15-0060334		
Date Assigned:	04/06/2015	Date of Injury:	06/27/2001
Decision Date:	05/11/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, 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:

This is a 68 year old male patient who sustained an industrial injury on 06/27/2001. The diagnoses included post-traumatic stress disorder and major depressive disorder. He sustained the injury while working in the office [REDACTED]. Per the note dated 4/16/2015, he was doing okay and completed 2 weeks of TMS. Per the psychiatric evaluation dated 3/7/15, he had complained of a decrease in appetite, fatigue, feelings of agitation, guilt, irritability, sadness and worthlessness. He had angry outbursts, panic attacks, racing thoughts, crying spells, decreased sociability, difficulty sleeping and increased worrying. The physical examination revealed irritable, inattentive, minimally communicative, anxious, moderate depression, depressed mood. The medications list includes zoloft, clonazepam, ambien, venlafaxine and viagra. He has tried multiple medications including prozac, paxil, celexa, effexor, cymbalta, trazodone, seroquel, risperidone, depakote, lithium and clonazepam. He had received ongoing psychiatric care for posttraumatic stress disorder, anxiety and depression. The treatment plan included laboratory studies, medications (Zoloft, Clonazepam, Ambien, Venlafaxine and Viagra) and 40 Sessions of transcranial magnetic stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Clonazepam 0.5mg #30: 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 & Stress, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24NON MTUS guidelines Official Disability Guidelines (ODG) Chapter: Benzodiazepine.

Decision rationale: Request: 1 prescription of Clonazepam 0.5mg #30. Clonazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS 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." In addition, per the cited guidelines: "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Patient is on multiple psychiatric medications. Response of these medications to anxiety or insomnia without clonazepam is not specified in the records provided. The effect of other sedating medications for insomnia like trazodone, amitriptyline is not specified in the records provided. The medical necessity of 1 prescription of Clonazepam 0.5mg #30 is not fully established for this patient. The request is not medically necessary.

1 prescription of 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), Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 04/30/15) Zolpidem (Ambien).

Decision rationale: Request: 1 prescription of Ambien 5mg #30 with 1 refill. Ambien contains Zolpidem which is a short-acting non benzodiazepine hypnotic. It is approved for short-term use only. CA MTUS does not specifically address this request. Per ODG guidelines, "Zolpidem is a short-acting non benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) 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 a concern that they may increase pain and depression over the long-term." A trial of other non pharmacological measures for treatment of insomnia is not specified in the records provided. In addition, zolpidem is approved for short-term use only. Patient is on multiple psychiatric medications response to these medications to insomnia without ambien is not specified in the records provided. The medical necessity of 1 prescription of Ambien 5mg #30 with 1 refill is not fully established for this patient at this time. The request is not medically necessary.