

Case Number:	CM15-0071695		
Date Assigned:	05/19/2015	Date of Injury:	04/15/2008
Decision Date:	06/22/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 64 year old male with an industrial injury dated 01/01/1972 (cumulative trauma) resulting in neck and back pain. He has been treated medically with neck surgery and medications. His injury related diagnoses were status post cervical decompression and fusion, degenerative discogenic and joint disease of the cervical spine - status post anterior cervical discectomy, thoracolumbar degenerative discogenic and joint disease, opiate dependence - secondary to chronic pain, gastroesophageal reflux and depression. Medical diagnoses included dyslipidemia and pulmonary fibrosis. Psych diagnosis included depressive disorder and psychological factors affecting medical condition. Prior psychiatric treatment included medications, counseling and group therapy visits. In the psych progress note dated 03/10/2015 the provider notes the injured worker was less panicky and had less headache and less yelling with medications. In progress notes dated 2014 documentation notes the injured worker had less depression and anxiety (with the medications) allowing him to participate in activities of daily living such as brushing his teeth, combing his hair, shaving, dressing appropriately and working around the home. Sleep disturbance and ability to concentrate had improved. The request is for Ambien and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem CR 12.5mg #30 with 2 refills: 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, 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) Chapter: Mental Illness & Stress Topic: Insomnia treatment.

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults". The request for Zolpidem CR 12.5mg #30 with 2 refills i.e. a three month supply is excessive and not medically necessary since this medication is indicated only for short term treatment of insomnia per the guidelines quoted above.

Alprazolam 0.5mg #10 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): (s) 24, 124.

Decision rationale: MTUS states "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. Upon review of the Primary Treating Physicians' progress report, the injured worker has been prescribed Alprazolam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Alprazolam 0.5mg #10 with 2 refills is excessive and not medically necessary.