

Case Number:	CM13-0005917		
Date Assigned:	06/06/2014	Date of Injury:	07/06/2009
Decision Date:	08/01/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old male with date of injury 7/6/2009. The injured worker encountered orthopedic injury which resulted in right knee pain. He was also subjected to discrimination at work for a long time which resulted in Psychological injury. Progress Report dated 6/3/2013 listed that the injured worker was under great stress and was sleeping poorly. Diagnosis of Adjustment disorder with mixed anxiety and depressed mood, chronic; Insomnia type sleep disorder due to pain and male hypoactive sexual desire due to pain was given to the injured worker. Medications being prescribed at that time were Ativan 0.5 mg twice a day, Restoril 30 mg at night and Cymbalta. Psychologist Report from 4/2/2013 also indicated that his sleep pattern was poor and he was taking Cymbalta, Restoril and Ativan per that report as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: It appears that the injured worker has been prescribed Restoril 30 mg since at least April 2013. 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. Restoril has been continued for the injured worker on a long term basis which is not recommended due to risk for abuse, dependence, tolerance etc. Thus the request for Restoril 30 mg is not medically necessary.

Ativan 0.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: It appears that the injured worker has been prescribed Ativan 0.5 mg twice a day since at least April 2013. 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. The Ativan has been continued for the injured worker on a long term basis which is not recommended due to risk for abuse, dependence, tolerance etc. Thus the request for Ativan 0.5 mg is not medically necessary.