

Case Number:	CM13-0009965		
Date Assigned:	09/10/2013	Date of Injury:	03/16/2013
Decision Date:	01/08/2014	UR Denial Date:	07/28/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 reported an education of 20 years. Her religious background is Catholic. She resides with her husband, and three young children in an apartment in [REDACTED]. The patient began her employment on 9/15/12. Her last day of work there was on 6/11/13. The patient was placed on disability by [REDACTED] on 6/11/13. As a server, the patient's usual work duties included cutting vegetables, preparing sandwiches, cleaning the work area and equipment, providing customer service and cashiering. There were no work performance evaluations. The patient worked there for about nine months. The patient developed post-traumatic and depressive symptoms arising from disturbing events at work including a robbery incident which was found to be a "suicide by cop." On the night of 3/16/13, a man walked into the store and told the cashier to get the patient from the kitchen. He pointed a gun at the patient and her coworker. He declared a robbery. He told the patient to call 911. She felt perplexed why he wanted her to call the police. The patient called 911. However, she had difficulty communicating with the 911 dispatcher due to her nervousness and the fact that the dispatcher did not speak Spanish. The robber became agitated and took the phone from the patient. The patient felt her heart racing; she became more frightened. She thought that the man was going to shoot her. The robber again dialed 911 from his cell phone. Again, the patient had difficulty communicating with the dispatcher because of the language barrier. The robber then demanded that the patient call 911 to ask for a Spanish-speaking dispatcher. The patient finally reported the incident to a Spanish-speaking dispatcher. The robber then held the gun on the patient and her coworker and said that "the party [was] about to begin." When the police arrived at the scene, the robber told the patient and her coworker to take care of themselves. As the robber walked towards the front of the stor

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psych eval: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM), Stress Related Conditions Chapter and Initial Assessment, identifies red flags for Post Traumatic Stress disorder. This employee did have a history of a very traumatic event, being robbed at gunpoint by a robber intent on deliberately getting himself killed by police. In addition, the employee had increased arousal after the event. These red flags meet ACOEM guidelines for referral for a comprehensive psychological evaluation. The request for 1 Psych eval is medically necessary and appropriate.

30 Prosom 2 mg: 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), Section chronic pain..

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

Decision rationale: The Official Disability Guidelines (ODG) indicate it is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. The FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom®), flurazepam (Dalmane®), quazepam (Doral®), and temazepam (Restoril®). Triazolam (Halcion®) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. The employee had her trauma in March. The estazolam was being used for more than six weeks in this case which is recommended against in the ODG guidelines as noted above. Therefore, the request for 30 Prosom 2 mg is not medically necessary and appropriate.

30 Xanax 0.5: 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), Section chronic pain..

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

Decision rationale: The ODG indicate that benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. (Kripke, 2012). In this case, the use of benzodiazepines exceeded six weeks after the trauma for this employee and this length of use is recommended against by the ODG guidelines. Therefore, the request for 30 Xanax 0.5 is not medically necessary and appropriate.