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| <b>Case Number:</b>   | CM13-0070976 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 07/15/2000 |
| <b>Decision Date:</b> | 04/11/2014   | <b>UR Denial Date:</b>       | 12/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/26/2013 |

### 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:

A 44 year old male with date of injury 7/15/2000. Date of UR decision was 12/19/2013. Progress report from 11/30/2013 lists the diagnosis of bipolar disorder, Anxiety due to general medical condition (pain). It states that "pain in extremities is getting worse, more isolated, feels abandoned". Progress report from 12/17/2013 lists mood as sad/depressed, anxious, affect is mood congruent. Subjective complaints listed consisted of injured worker experiencing "panic attacks at night 3-4 at night for 2 weeks, suspects that it is coming from increased stress due to increased pain". Psychotropic medications prescribed for him are Lorazepam 1qid, Lithium carbonate 300 mg 4tabs qhs, Tegretol xr 400 mg qhs, Paxil cr 25 mg, Ambien cr 12.5 mg- 2qhs, Zyprexa Zydis 5 mg bid

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM 1MG:** 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 Benzodiazepine, Weaning of medications Page(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 Reports, the injured worker has been receiving Lorazepam four times a day on an ongoing/long term basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006). The information regarding the number of pills requested is not available. There is also no information regarding the goal of treatment, length of time the medication is intended to be continued since the medication is not recommended for long term use. Medical necessity for Lorazepam cannot be affirmed at this time. Additional information is needed to affirm medical necessity.

**AMBIEN CR 12.5 MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & Stress, insomnia treatment

**Decision rationale:** MTUS is silent regarding the use of Ambien CR. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine 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." There is no information available regarding the quantity of Ambien CR being requested or the length of time it is intended to be continued. Additional information is needed to affirm medical necessity.