

Case Number:	CM14-0067039		
Date Assigned:	07/11/2014	Date of Injury:	01/23/1997
Decision Date:	08/14/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 57-year-old male with a reported date of injury on 01/23/1997. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include severe major depressive disorder and psychological factors affecting his medical condition. His previous treatments were noted to include psychotherapy. The progress note dated 01/29/2014 revealed the injured worker was more anxious than before due to financial stress and was still depressed and tearful. The injured worker indicated he slept only 3 hour at night. The injured worker has been taking these medications for more than 4 years. His medications included but were not limited to Prozac 40 mg 1 in the morning for major depression, and then 1 mg 3 times a day, Restoril 30 mg 1 at bedtime for insomnia, and Viagra 1 mg as needed for sexual dysfunction. The request for authorization form was not submitted within the medical records. The request was for Ativan 1 mg; however, the provider's rationale was not submitted within the medical records. The second request was for Restoril 30mg #30 for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Ativan 1 mg is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the range of action includes sedative-hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months or 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. The guidelines recommend 4 week utilization of this medication and the request failed to provide the frequency at which this medication is to be utilized. Additionally, there is a lack of documentation regarding efficacy of this medication and the most recent progress note revealed the injured worker was anxious more than ever. Therefore, the request is not medically necessary.

Restoril 30mg #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.

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

Decision rationale: The request for Ativan 1 mg is not medically necessary. The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the range of action includes sedative-hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months or 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. The guidelines recommend 4 week utilization of this medication and the request failed to provide the frequency at which this medication is to be utilized. Additionally, there is a lack of documentation regarding efficacy of this medication and the most recent progress note revealed the injured worker was anxious more than ever. Therefore, the request is not medically necessary.