

Case Number:	CM14-0078534		
Date Assigned:	07/18/2014	Date of Injury:	11/05/1991
Decision Date:	08/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 injured worker is a 65 year old male who suffered an injury at work on 11/5/1991. He injured his back and developed limbo-sacral pain. He underwent physical therapy treatments and analgesic medications. Subsequently he was diagnosed with Major Depression and Panic Disorder without agoraphobia. He received outpatient psychotherapy, and ongoing psychiatric medication management. On 4/3/14, the treating psychiatrist's progress report noted that the injured worker was feeling more stable, better in his mood, with improved memory and concentration, and a lessening of the symptoms of anxiety, irritability, depressed. The injured worker continued to have infrequent crying spells. He was prescribed psychotropic medications: Cymbalta, Seroquel, Ativan 2mg four times a day as needed, and Restoril 30mg two capsules at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014).

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 and Stress, Office visits.

Decision rationale: MTUS is not applicable. The ODG indicates that the use of benzodiazepines are effective in treating insomnia. However, the recommendation is for short term use only, as longer term use can lead to tolerance, dependence and adverse side effects. The medication Restoril or temazepam is a medication in the benzodiazepine class. The dose of 60mg daily is much higher than the approved maximum dose of 30mg. In addition, it is being prescribed along with another benzodiazepine medication, Ativan, also at a high dose, so that this combination potentially places the injured worker at a higher risk of addiction and adverse side effects. It is for these reasons that the request is not medically necessary.

Ativan 2mg, qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 03/18/2014).

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 and Stress,Insomnia.

Decision rationale: MTUS is not applicable. The Official Disability Guidelines (ODG) indicate that benzodiazepines are effective in the treatment of insomnia in individuals suffering from mental health disorders such as depression and anxiety. The injured worker is diagnosed with Major Depression and Panic Disorder (an anxiety disorder). However, the guideline warns against taking these medications over the long term, instead recommending short term use, in order to avoid the problems of tolerance, dependence, and adverse side effects. The medication Ativan (lorazepam) is a medication in the benzodiazepine class. The prescribed dose of 2mg four times a day or 8mg daily is a high dose, which can more readily induce addiction and dependence, so that longer term prescriptions of Ativan at this dosage would not be considered appropriate. On that basis, therefore, the request is not medically necessary.