

Case Number:	CM14-0196613		
Date Assigned:	12/04/2014	Date of Injury:	12/27/2000
Decision Date:	01/15/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/24/2014

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This 65 year old woman sustained an industrial injury on 12/27/2000 resulting, in part, with anxiety and depression. Physician assistant notes from 10/16/2014, states that the worker has had some medication changes recently, but has adjusted well and symptoms are controlled. It does not describe the symptoms in detail. The plan is to continue with her current medications which are listed as Lexapro 20 mg hs, Ativan 0.5 mg BID PRN, and Restoril 30 mg (no frequency listed). It is noted that the worker remain totally disabled and psychiatric treatment is to continue. However, a follow up note on 10/28/2014 from the medical director details the worker's state after a phone consultation. She was described as very angry and upset due to not being able to get in contact with the provider and the Restoril not being approved. The previous provider had restarted the Restoril; however, it was not approved and therefore, could not be filled or taken. It is noted by the physician that the worker cannot sleep without it and could possibly have a full-blown relapse without adequate sleep. The physician continues to say that the worker has never abused the medication and requires ongoing psychiatric care and treatment. A request was entered for approval of the Restoril. On 10/29/2014, Utilization Review evaluated prescriptions for Ativan 0.5 mg #60 and Restoril 30 mg #30. The UR physician noted that the worker was restarted on Restoril after not tolerating another medication. Also of note, is that benzodiazepines are only recommended for short term treatment of anxiety and insomnia. The requests were modified and subsequently appealed to independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 & 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 24.

Decision rationale: It appears that the patient has been on this medication since at least September of 2013. The State of California MTUS indicates that Benzodiazepines are not recommended for long term use and indicates a 4 week maximum as a guideline. Thus, the continued use of lorazepam (Ativan) is not supported by the above cited evidence based guideline and thus is not considered as medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 & 66.

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, Summary of Medical Evidence

Decision rationale: The ODG recommends benzodiazepines only for short term use in the treatment of insomnia. This patient has been on Restoril since at least September of 2013. A brief trial of trazodone was instigated and the patient was unable to tolerate the medication but the dose is not noted in the record and there is no documentation to the effect that a dose reduction or a trial of other evidence based non-benzodiazepine soporific has been implemented or considered. As such, the previous reviewer's decision to modify the request to 15 Restoril for the purpose of a taper appears to be supported by the evidence based Official Disability Guidelines. Continued Restoril does not appear to be medically necessary.