

<b>Case Number:</b>	CM14-0196638		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	12/27/2000
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice 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:

This is a 65 year old female patient who sustained an injury on 2/27/2000. She sustained the injury due to being assaulted at her employment place. The current diagnosis includes major depressive disorder. Per the doctor's note dated 10/28/14, she was angry and upset. She was taking Ativan on a prn basis for anxiety and panic attacks and Restoril in the past for sleep. The medications list includes Lexapro, Ativan and Restoril. She had undergone knee arthroscopy on 10/30/2003, right total knee replacement on 12/6/2006 and arthroscopic lysis of adhesions and manipulation on 8/25/2008. She has had physical therapy visits, psychotherapy visits and hyaluronic acid injections for this injury.

### 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 Benzodiazepines Page(s): 24, 66.

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

**Decision rationale:** Lorazepam is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Any trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. The patient's medication list also includes another benzodiazepine - Restoril. The rationale for the need of multiple anti-anxiety medications is not specified in the records provided. The medical necessity of Ativan 0.5mg #60 is not established for this patient.

**Restoril 30mg #30:** Upheld

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

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

**Decision rationale:** Temazepam is a benzodiazepine. According to MTUS guidelines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Response to other, non-pharmacological measures for the treatment of insomnia is not specified in the records provided. Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The patient's medication list also includes another benzodiazepine- Lorazepam/Ativan. The rationale for the need of multiple anti-anxiety medications is not specified in the records provided. The medical necessity of Restoril 30mg #30 is not established for this patient.