

<b>Case Number:</b>	CM15-0162793		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female who sustained an industrial injury on 8-12-11. The Report of Psychiatric Consultation, dated 3-20-15, indicates that her injuries were sustained as the result of a motor vehicle accident, in which she had injuries to her back, neck, left knee, left shoulder, and left elbow. The report indicates that she had one shoulder surgery. She reported "cumulative trauma causing or aggravating pain in her knees, wrists, back, neck, jaw, and shoulders". In addition, she reported "job stress" and was diagnosed with post-traumatic stress disorder. Her complaints at the time of the evaluation included anxiety, tension, irritability, "quick temper", depressive symptoms with rare suicidal ideation, insomnia, bad dreams, impaired memory and concentration, decreased appetite and weight, low energy, decreased sociability and sexual activity due to loss of interest, occasional alcohol use, and panic attacks. In addition to post-traumatic stress disorder, she was diagnosed with depressive disorder and panic disorder with agoraphobia. The treatment plan was for the medications: Ativan, Ambien, and Wellbutrin. On 5-1-15, she was noted to be "mentally somewhat better." However, it reports that the injured worker stated that her medications were "helpful, but not strong enough." Her initial symptoms were noted to be reduced. The treatment plan revealed increasing the Ativan and Ambien dosages, as well as keeping her on the same Wellbutrin dosage. On 5-29-15, she continued to report symptoms of depression and insomnia with bad dreams. The report states "overall, she is about the same." The injured worker reported that the Wellbutrin was "helpful, but not strong enough." Her medications were changed to include Xanax, Restoril, and Wellbutrin SR. On 6-26-15, she was noted to be "sleeping better with Risperdal but has

nightmares." She reported that the Xanax was "much better." The treatment plan was to continue Xanax, Restoril, and Wellbutrin SR, as well as add Prazosin to reduce bad dreams.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Restoril 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and 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 (Baillargeon, 2003), (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason the request is not medically necessary.

**Xanax 2mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and 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 (Baillargeon, 2003), (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason the request is not medically necessary.

