

<b>Case Number:</b>	CM15-0192437		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: California  
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 60 year old female, who sustained an industrial injury on 5-8-07. The injured worker has complaints of being depressed, anxious and irritable with insomnia with experiencing ongoing and constant pain in her right upper extremity, back and right leg. The injured workers mood is depressed her affect is depressed. Thought content centered mainly around her ongoing problem with her disability, chronic pain, depression, insomnia and anxiety. The diagnoses have included major depression, single episode, severe and chronic pain. Treatment to date has included being seen by a psychologist and psychiatrist; psychotherapy with a therapist; paxil; klonopin; temazepam and right shoulder surgery. The original utilization review (9-25-15) modified the request for lorazepam (ativan) 1 MG quantity 60 to #30 and temazepam 30 MG quantity 30 to #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam (Ativan) 1 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness Chapter/Benzodiazepines.

**Decision rationale:** According to the MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Per MTUS, most guidelines limit benzodiazepine use to 4 weeks. Per ODG, "Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014)" The medical records note that Utilization Review has allowed for modification for weaning purposes. The request for Lorazepam (Ativan) 1 MG Qty 30 is not medically necessary and appropriate.

**Temazepam 30 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Benzodiazepines.

**Decision rationale:** Per the MTUS guidelines, the long term use of benzodiazepines is not supported. In this case, temazepam is being prescribed for insomnia and per the MTUS guidelines, tolerance to hypnotic effects develops rapidly. In addition, per ODG, "Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. (Kripke, 2012)" Furthermore, the injured worker is noted to be 60 years old and per ODG, the AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012) ODG also notes that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). (Billioti, 2014) The medical records note that Utilization Review has allowed modification for weaning purposes. The request for Temazepam 30 MG Qty 30 is not medically necessary and appropriate.