

Case Number:	CM15-0021136		
Date Assigned:	02/10/2015	Date of Injury:	12/18/2007
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 70 year old female who sustained an industrial fall injury to her knees and back on December 18, 2007. The injured worker was diagnosed with lumbar degenerative disc disease, low back syndrome, knee arthralgia, major depressive disorder and insomnia. According to the primary treating physician's orthopedic evaluation the injured worker continues with knee and low back pain controlled with medication. The injured worker has received Cognitive Behavioral Therapy (CBT) psychotherapy sessions for emotional support and stability. Current medications consist of Voltaren gel, Mobic, Zoloft, Ativan, Atarax and Restoril. A report dated February 2015 states that the patient has undergone psychological testing including an MMPI-2 identifying severe depression and anxiety. The note goes on to indicate that the patient has significant anxiety symptoms including daily flashbacks related to her assault in October 2009. The current regimen of combined psychotropic medication is the most effective treatment to relieve the patient's severe symptoms. She is not abusing the medication and has not demonstrated tolerance. She has been seeing a psychiatrist most recently on January 21, 2015. Previously when the patient's medications have been discontinued, her symptoms have substantially worsened. The note goes on to state that the patient is anxious and depressed every day and only sleeps 5 hours per night. Sleep is interrupted due to pain. Ativan reduces the patient's anxiety and tension, Zoloft is prescribed to reduce the intensity and frequency of her depressed mood. Restoril is prescribed to help the patient sleep better as well as for its use as a most relaxant and anxiolytic properties, and Atarax is prescribed to reduce anxiety and tension. The note indicates that the patient's medications are monitored by a psychiatrist. The note goes

on to state that the patient was only sleeping 3 hours per night at which time Atarax was added. After a dose adjustment, her sleep had improved to 5 hours per night. Numerous studies are cited. The treating physician requested authorization for Atarax 25mg quantity 30; Ativan 0.5mg quantity 60; Restoril 30mg quantity 30. On January 21, 2015 the Utilization Review denied certification for Atarax 25mg quantity 30; Ativan 0.5mg quantity 60; Restoril 30mg quantity 30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 200). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

Decision rationale: Regarding the request for Ativan (lorazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are generally not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate initial treatment for anxiety disorder is an antidepressant. Within the documentation available for review, the requesting physician has identified that the patient has significant anxiety and depression diagnosed by a psychiatrist. Additionally, it appears the patient has tried first-line antidepressant medications which have incompletely controlled her anxiety symptoms. The treating physician has utilized anti-anxiety medications to improve the patient's anxiety complaints and improve the patient's function. Notes indicate that the medication does improve the patient's function, causes no side effects, and that there is been no tolerance or aberrant use. Additionally, when medications have been discontinued, the patient's symptoms and function substantially worsens. As such, the currently requested Ativan (lorazepam) is medically necessary.

Restoril 30mg quantity 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment

Decision rationale: Regarding the request for Temazepam, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to temazepam treatment. Additionally, there is no documentation indicating that the patient has failed non-benzodiazepine sleep medications prior to initiating treatment with a benzodiazepine for insomnia, due to their significantly increased risk especially when two benzodiazepines are being used concurrently. In the absence of such documentation, the currently requested Temazepam is not medically necessary.

Atarax 25mg quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/atarax.html>

Decision rationale: Regarding the request for Atarax, Chronic Pain Medical Treatment Guidelines and ODG do not contain guidelines for the use of Atarax. Atarax is indicated for the treatment of anxiety and tension and commonly used for insomnia complaints. Within the documentation available for review, the requesting physician has identified that the patient has significant anxiety and depression diagnosed by a psychiatrist, as well as insomnia complaints. Additionally, it appears the patient has tried first-line antidepressant medications which have incompletely controlled her anxiety symptoms. The treating physician has utilized anti-anxiety medications to improve the patient's anxiety complaints and improve the patient's function. Notes indicate that the medication does improve the patient's function, causes no side effects, and that there is been no tolerance or aberrant use. Additionally, when medications have been discontinued, the patient's symptoms and function substantially worsens. As such, the currently requested Atarax is medically necessary.