MAXIMUS Federal Services

Case Number:	CM15-0223249		
Date Assigned:	11/19/2015	Date of Injury:	05/13/2010
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/13/2015

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: Pennsylvania
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 58 year old female, who sustained an industrial injury on May 13, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having unspecified depressive disorder, somatic symptom disorder with predominant pain-moderate, female sexual interest-arousal disorder and psychological factors affecting medical condition. Treatment to date has included therapy and medications. On July 30, 2015, the injured worker was noted to be depressed and very anxious. She was reported to sleep 5 hours per night. On August 27, 2015, the injured worker stated "I am better." She was noted to be less anxious and sleeping 7 hours per night. She noted that her medications were very helpful and she was noted to be taking them for more than a year. Medications included Lexapro, Ativan and Restoril. On September 24, 2015, the injured worker complained of depression, anxiety and tension. A request was made for Lexapro, Ativan and Restoril. On October 29, 2015, utilization review denied a request for Lexapro 10mg #30, Ativan 0.5mg #60 and Restoril 30mg #30.

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 Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the MTUS, benzodiazepines such as Ativan 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." This worker has been taking this medication for at least several months, which exceeds the guidelines, therefore is not medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia treatment.

Decision rationale: According to the ODG, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation in the record of evaluation of this worker's insomnia such as possible contributing factors including caffeine, timing of medications, etc. Restoril is FDA approved for sleep maintenance but not for sleep onset insomnia which according to the record is the problem in this case. Furthermore, benzodiazepines are not first line agents for insomnia given their side effect profile. There is no indication in the record that this worker has received a first line agent, which includes the non-benzodiazepine sedative-hypnotics, therefore is not medically necessary.