

<b>Case Number:</b>	CM14-0212308		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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:

38 yr. old female claimant sustained a work injury on 5/9/13 involving the neck, right knee, right ankle, rib cage and low back. . She was diagnosed with lumbar strain, cervical strain, contusion of the knee, anxiety, adjustment disorder, depression and insomnia due to pain. The claimant had been attending therapy and had been on Tylenol and Flexeril for pain and spasms. A progress note on 10/8/14 indicated the claimant had on Prozac for depression, Ativan for anxiety and Restoril for sleep for a year. The physician requested 6 additional sessions of psychotropic management sessions and continuation of the above medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of psychotropic medication management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,405.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental health and office visits.

**Decision rationale:** According to the guidelines office visits are recommended as determined medically necessary. In this case the claimant had chronic symptoms of anxiety and depression.

Recent recommendations from a psychotherapist did not state the amount and or frequency of future visits to manage medications. The claimant has been on the above medications for a year without change in intervention. The advanced request for six sessions of medication management is not medically necessary.

**1 prescription for Ativan 0.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic); ODG, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) benzodiazepines.

**Decision rationale:** According to the guidelines, benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. This case the claimant had been on Ativan for a prolonged period of time. There are other options for long-term management of anxiety. Continued use of Ativan is not medically necessary.

**1 prescription for Restoril 15mg #10: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress ; ODG, Pain (Chronic )

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia medications.

**Decision rationale:** Restoril is a benzodiazepine. According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a

psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Restoril is recommended for short-term use for management of insomnia. The claimant has been on Restoril for a prolonged period. There is no documentation of prior behavioral intervention other options to manage sleep disturbance. The continued use of the Restoril is not medically necessary.