

<b>Case Number:</b>	CM14-0215702		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	07/13/2004
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 58 year old female with date of injury 7/13/2004. Date of the UR decision was 12/8/2014. Per progress report dated 11/25/2014, the injured worker presented with persistent symptoms of depression, anxiety and stress related medical complaints noting depression; change in appetite; sleep disturbance; lack of motivation; decreased energy; agitation; difficulty thinking; pessimism; diminished self-esteem; emptiness; excessive worry; restlessness; tension; inability to relax; pressure; shaking; chest pain; palpitations; shortness of breath and nausea. She reported improvement in her concentration, less time in bed, less irritability, less depression and less anger. Objective findings included depressed facial expressions, visible anxiety, soft spoken, pressured, and defensive. She has been diagnosed with Major depressive disorder, severe, Generalized Anxiety Disorder and Pain disorder. She is being prescribed Cymbalta, Ativan, Restoril and Seroquel.

### 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 Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Anxiety medications in chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Ativan 0.5mg #60 is excessive and not medically necessary as the guideline recommend for the use of Benzodiazepines to be limited to 4 weeks.

**Restoril 15mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Insomnia treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Restoril on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Restoril 15mg #30 with 2 refills is excessive and not medically necessary as the guideline recommend for the use of Benzodiazepines to be limited to 4 weeks.