

<b>Case Number:</b>	CM14-0215727		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/21/2014
<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 59 year old female with date of injury 09/25/2013. Date of the UR decision was 11/21/1014. She was a victim of a physical assault when a patient stood up and strangled her while the injured worker was performing her work duties. Per report dated 06/04/2014, the injured worker stated that her neck was 60-70% better, she had occasional to intermittent dull mild pain with occasional numbness in her left fingers, she reported having nightmares resulting in fragmented sleep. She was diagnosed with Cephalgia, resolved; Cervical discopathy; Cervical radiculopathy, left side. Thoracic sprain/strain with myofascitis and Insomnia. She was diagnosed with Post-Traumatic Stress Disorder, Major Depressive Disorder, Single Episode, and Psychological Factors Affecting Medical Condition (stress-intensified headaches, neck/shoulder/back muscle tension/pain and possible stress-aggravated high blood pressure) and was undergoing treatment with psychotherapy and medications for the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.5mg one QID anxiety #120 with two 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 (ODG), Mental Illness and Stress Chapter, Antidepressants for Treatment of PTSD (post traumatic stress disorder)

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

**Decision rationale:** Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan on an ongoing basis for at least 6 months 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 one QID anxiety #120 with two refills i.e. a 3 month supply exceeds the guideline recommendations regarding the use of Benzodiazepines and thus is not medically necessary at this time.

**Temazepam 30mg one QHS #30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a693050.html>

**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 for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Temazepam 30mg one QHS #30 with two refills i.e. a 3 month supply exceeds the guideline recommendations regarding the use of Benzodiazepines and thus is not medically necessary at this time.