

<b>Case Number:</b>	CM14-0217110		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/07/2008
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

The injured worker is a 49 year old male whose date of injury is 06/07/2008. He fell into a gap, landed on his buttock, hit his head and left elbow. He felt pain all over, especially in his back. He underwent lumbar fusion in 2010 and hardware removal in 2012, with subsequent pain and neuropathy. He has been treated with pain management medications. He indicated that after his industrial injury he developed depression, anxiety, and sleep disturbance. His diagnoses are depression with anxiety and psychological factors affecting medical condition. He also has hypertension, diabetes, hyperlipidemia, and mild obstructive apnea (nonindustrially related). According to a PR2 of 11/05/14, the patient showed symptoms of depression, anxiety, and stress related medical complaints due to his industrial injury. Sleep hygiene was discussed. He reported less isolation and hopelessness and felt that his thinking had more clarity. He had no side effects from his medications. ██████ charted the standard "combination of medications interacts to improve anxiety, depression, confusion, emotional control, etc" which is common in the patient's progress notes. A drug history shows clearly that the injured worker has been on lorazepam since at least 09/2011, hydroxyzine 09/2012, venlafaxine since 02/2013, and temazepam since 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg:** Upheld

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

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

**Decision rationale:** There is no clear rationale for the patient to remain on lorazepam, a benzodiazepine. He is also on Temazepam, another benzodiazepine. Again, there is no clear rationale, other than the fact that [REDACTED] opines that the "combination of medications interact to improve anxiety, depression" etc. There is no discussion as to how these medications are interacting in the way he states they are to show improvement in this patient. In addition, MTUS guidelines recommend against long term use due to risk of tolerance, this man has been on lorazepam since at least 08/2011-clearly well beyond guidelines. A more appropriate treatment for anxiety disorder is an antidepressant. The patient is on venlafaxine, an antidepressant. Therefore, the request is not medically necessary.

**Venlafaxine XR150mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 & 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants for treatment of MDD (major depressive disorder)

**Decision rationale:** The patient suffers from depression with anxiety as well as neuropathy due to his industrial injury. Venlafaxine is an antidepressant indicated by ODG in the treatment of major depressive disorder. He has been on lorazepam, presumably for his anxiety-MTUS states that an antidepressant is more appropriate for anxiety disorders. In addition, MTUS guidelines recommend it as a first line option in neuropathic pain. He has been on venlafaxine since at least 02/2013 and it would be contraindicated to remove a depressed patient from an antidepressant. Therefore, the request is medically necessary.

**Atarax 25mg:** 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 Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antianxiety medications in chronic pain

**Decision rationale:** The patient has been on Atarax 25mg since at least 09/2012. Atarax, per ODG, may be helpful in generalized anxiety disorder. The injured worker does not carry this diagnosis. There is no indication that this medication has been effective as no outcome measures

provided (e.g. Beck Anxiety Inventory) and no objective reports are apparent. Therefore, the request is not medically necessary.

**Temazepam 15mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment

**Decision rationale:** The patient has been on temazepam, a benzodiazepine, presumably for sleep disturbance. There is no evidence that the cause of the patient's sleep disturbance was evaluated. There is no documentation provided as to its efficacy. He has also been prescribed lorazepam, also a benzodiazepine. ██████████ progress notes indicate that sleep hygiene was discussed with the patient, however no details are given as to the nature of that discussion or what methods were attempted. No rationale was provided for the ongoing use of temazepam, and the use of two benzodiazepines concurrently is clearly not advisable due to the side effect profile of each. Benzodiazepines are not recommended as first line agents in the treatment of insomnia, and per MTUS tolerance to hypnotic effects develops rapidly. Therefore, the request is not medically necessary.