

Case Number:	CM15-0111937		
Date Assigned:	06/18/2015	Date of Injury:	05/01/2008
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 65-year-old male, who sustained an industrial injury on 05/01/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having depression, anxiety, stress related complaints secondary to industrial stress injury to the psyche, right knee chondromalacia patella with medial and lateral meniscus tears and tears of the anterior and posterior cruciate ligament, right knee Baker's cyst, status post lumbar decompression performed in 12/2010, low back pain with right lower extremity symptoms, rule out right shoulder impingement/rotator cuff pathology, sleep disorder, and narcotic bowel syndrome manifested by chronic constipation and rectal bleeding. Treatment and diagnostic studies to date has included medication regimen, psychological evaluation and treatment, above noted procedure, and electrocardiogram. In a progress note dated 02/17/2015 the treating physician reports complaints of sleep disturbance, lack of motivation, decreased energy, pessimism, diminished self-esteem, weight loss, excessive worry, restlessness, tension, inability to relax, pressure, chest pain, palpitations, shortness of breath, difficulty falling asleep, difficulty staying asleep, and early morning awakening. The documentation provided indicated previous prescriptions of Temazepam, Ativan, Lexapro, and Prazosin. The treating physician noted an improvement of symptoms with an increase in the injured worker's interests and activities, decrease in fatigue, decrease in depression, decrease in hopelessness, and a decrease in nervousness, but did not indicate any improvement in the injured worker's sleep pattern. The treating physician requested Ativan 0.5 mg with a quantity of 60 with two refills and Temazepam 15mg with a quantity of 60 with two refills noting prior prescriptions

of these medications along with the treating physician noting that the injured worker's medication regimen all interact to improve anxiety, depression, confusion, stress-intensified medical complaints, and emotional control and changing this medication regimen could worsen the injured worker's symptoms to all areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5 mg #60 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines 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) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 0.5 mg #60 with 2 refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are unspecified major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. Date of injury is May 1, 2008. The earliest progress note contains a prescription for Ativan is dated November 25, 2014. Additional medications include temazepam 15mg, Lexapro and prazosin. The request for authorization is dated May 20, 2015. The most recent progress note in the medical record is dated February 17, 2015. There are multiple copies of the February 17, 2015 progress note in the medical record. The progress note contains a check the box format. There is no documentation of objective functional improvement. There is no contemporary progress note on or about the date of request for authorization. As a result, there is no updated clinical rationale, subjective and objective functional improvement as it relates to Ativan 0.5 mg. Additionally, Ativan is not recommended for long-term use (longer than two weeks). The treating provider exceeded the recommended guidelines by continuing, at a minimum, in excess of six months. Start date is unclear. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ativan 0.5 mg #60 with two refills is not medically necessary.

Temazepam 15 mg #60 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 (ODG), insomnia treatment.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Temazepam 15mg #60 with 2 refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnoses are unspecified major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. Date of injury is May 1, 2008. The earliest progress note contains a prescription for Ativan is dated November 25, 2014. Additional medications include temazepam 15mg, Lexapro and prazosin. The request for authorization is dated May 20, 2015. The most recent progress note in the medical record is dated February 17, 2015. There are multiple copies of the February 17, 2015 progress note in the medical record. The progress note contains a check the box format. There is no documentation of objective functional improvement. There is no contemporary progress note on or about the date of request for authorization. As a result, there is no updated clinical rationale, subjective and objective functional improvement as it relates to temazepam. The Official Disability Guidelines do not recommend temazepam (Restoril). There is no documentation indicative of objective functional improvement. Additional medications include a second benzodiazepine (Ativan). Temazepam has been prescribed in excess of six months. The guidelines do not recommend treatment longer than two weeks. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines and guidelines non- recommendations, Temazepam 15mg #60 with 2 refills is not medically necessary.