

Case Number:	CM15-0120562		
Date Assigned:	07/01/2015	Date of Injury:	01/23/1997
Decision Date:	08/28/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 1/23/1997. The current diagnoses are major depressive disorder and psychological factors affecting medical condition. According to the progress report dated 4/29/2015, the injured worker reports ongoing symptoms of lack of motivation, tearfulness, socially withdrawn, low self-esteem, difficulty with concentration, and low interest in sexual activity. He reports 6-7 hours of sleep per night with the use of medications. The current medications are Prozac, Ativan, Restoril, and Viagra. A urine drug screen from 12/12/2014 was inconsistent with the prescribed medications. Neither Ativan nor Restoril was detected. The most current urine drug screen from 3/19/2015 was negative for Temazepam (Restoril). Treatment to date has included medication management and psychotherapy. A request for Ativan and Restoril has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guideline, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, there is documentation of ongoing treatment with Ativan since at least 8/20/2013. CA MTUS guidelines do not support long-term use. Additionally, Ativan was not detected in a urine drug screen from 12/12/2014. Therefore, based on MTUS guidelines and submitted medical records, the request for Ativan is not medically necessary.

Restoril 30mg, #30: 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), Pain (Chronic): Insomnia treatment.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guideline, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, there is documentation of ongoing treatment with Restoril since at least 8/20/2013. CA MTUS guidelines do not support long-term use. Additionally, Restoril was not detected on a urine drug screen from 12/12/2014 and 3/19/2015. Therefore, based on MTUS guidelines and submitted medical records, the request for Restoril is not medically necessary.