

Case Number:	CM15-0121077		
Date Assigned:	07/08/2015	Date of Injury:	01/22/2013
Decision Date:	08/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

This injured worker is a 57-year-old female, who reported an industrial injury on 1/22/2013. Her diagnoses, and or impression, were noted to include: anxiety disorder with depression. No current imaging studies were noted. Her treatments were noted to include acupuncture therapy; physical therapy; psychiatric evaluation and treatment; medication management; and rest from work. The progress notes of 4/10/2015 reported a follow-up psychiatric visit for complaints which included reduced anxiety, tension, irritability, depression, and insomnia; and denied the use of alcohol, having any crying episodes or panic attacks, feeling that life was not worth living, or having any suicidal ideations, panic attacks, hallucinations, or of being a danger to self or others; and she also reported having a low energy level with low sociability, a stable appetite and weight, and low sexual activity due to pain and lack of interest. Objective findings were noted to include an appropriate appearance and demeanor; was less tense and with a less dysphoric mood; was smiling and laughing without weeping; was without exhibition of panic attacks or obsessive rituals; demonstrated good focus with good intelligence; and was without thought disorder. The physician's requests for treatments were noted to include the continuation of Ativan for anxiety, and Restoril for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril cap 30mg 1-2 qhs #60 Supply: 30 Days with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; and (d) Next-day functioning. The medical records indicate that the injured worker has been using this medication since 2/13/15. There is no UDS reports available monitoring usage. The documentation submitted for review do not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. Furthermore, sleep aids are not recommended for long-term use, and this is a request for a 3-month supply. The request is not medically necessary. It should be noted that the UR physician has certified a modification of this request for the purpose of weaning.

Ativan tab 1mg BID #60 Supply: 30 Days with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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. The medical records indicate that the injured worker was provided lorazepam at least since 1/20/15. The documentation submitted for review indicates that the injured worker has been using this medication long term. UDS dated 4/24/14 was positive for lorazepam. As the treatment is not recommended for long-term use, the request is not medically necessary.