

<b>Case Number:</b>	CM15-0124548		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	07/24/2003
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Pediatrics, 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 55 male, who sustained an industrial injury on July 24, 2003. He reported low back pain and numbness of the legs. The injured worker was diagnosed as having adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included psychotherapy; psychological testing; and medications including antidepressants; mood stabilizer; opioid analgesic; and sleep. Other noted dates of injury documented in the medical record include: August 6, 2002 and September 1996 through March 3, 2005. There were no noted comorbidities. On April 28, 2015, the injured worker complains of anxiety, tension, irritability, and quick temper most of the time; depression and related symptoms most of the time; occasional feelings that life is not worth living, but denied suicidal ideations; insomnia due to pain; worry, and restless leg syndrome; low appetite and weight which is good; low energy and sociability; low sexual activity due to pain and low interest; no thoughts of harming himself or others; and no auditory or visual hallucinations. He last worked in 2012. The mental status exam revealed a serious, tense and dysphoric mood; rare smiling, no laughing, or weeping; good spontaneity, focus, and eye contact; somewhat tense and dysphoric thought content, consistent with mood and circumstances; no psychotic symptoms or thoughts of harming self or others; and intact judgment and insight. The treatment plan includes Ativan 1 mg twice a day as needed for anxiety and Ambien 10mg one at bedtime as needed for insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Benzodiazepines, 2015.

**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 Stress and Illness Chapter: Benzodiazepine.

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, benzodiazepines are recommend for short-term use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are limited to 4 weeks use by most guidelines. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. The tolerance of the hypnotic effects of benzodiazepines 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". Per the Official Disability Guidelines (ODG), Lorazepam (Ativan) is not recommended for longer than 4 weeks, as the "long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction". The injured worker has been taking Ativan since April 28, 2015. The current request for Ativan exceeds the 4 weeks duration of treatment recommended by the guidelines. Additionally, the documentation does not support an improvement in anxiety. Therefore, the request for Ativan is not medically necessary.

**Ambien 10mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Zolpidem, 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress and Illness: Zolpidem (Ambien) and Insomnia treatment.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent on this request. Per ODG, pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The injured worker has been taking Ambien since at least January 2015, which exceeds the guideline recommendation. Additionally, there is lack of documentation of an improvement in sleep. Therefore, the request for Ambien is not medically necessary.

