

Case Number:	CM13-0031476		
Date Assigned:	12/04/2013	Date of Injury:	09/27/2010
Decision Date:	06/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

61 y/o female with date of injury 09/27/2010. Date of UR decision was 09/23/2013. Mechanism of injury was described to be a result of being subjected to harassment and hostility at work. PR from 8/12/2013 suggests that the IW continues to be anxious and apprehensive particularly in regards to discussing triggers with the perception of having to go back to the department. Paxil and Ativan were continued at the same dosing per the report. Subjective symptoms according to PR from 2/20/2013 were anxiety, fear, uncertainty, agitation, anger, apprehension, frustration, feeling overwhelmed. She had a BDI score of 38 (suggestive of severe depression), BAI score of 45 (severe anxiety levels). Diagnosis given to IW were Depressive ds NOS and Psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-24 MONTHS PRESCRIPTION FOR ATIVAN 0.5 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS states "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. The MTUS guidelines recommend that the use of benzodiazepines should be limited to 4 weeks; therefore, the request for 12-24 months prescription for Ativan 0.5mg is not medically necessary and appropriate.