

Case Number:	CM13-0046671		
Date Assigned:	01/10/2014	Date of Injury:	07/13/2013
Decision Date:	03/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

The patient is a 48-year-old male who reported an injury on 07/13/2013. He cut his finger off with a skill saw. It was determined that the patient was not a candidate for reimplantation. The patient's most recent clinical documentation noted that the patient had significant tenderness over the left index finger that received the partial amputation. It was also documented that the patient was having difficulty sleeping and suffering emotional distress. The patient's pain was treated with medications and occupational therapy. The patient's diagnoses included partial amputation of the left index finger and complaints of anxiety, stress, and depression. The patient's treatment plan included additional occupational therapy and medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan: Upheld

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

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

Decision rationale: The prospective request for Ativan is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does recommend a short

course of benzodiazepines to assist in the treatment of anxiety related symptoms associated with chronic pain. The clinical documentation submitted for review does provide evidence that the patient has subjective complaints of anxiety related symptoms. However, the request as it is written does not provide dosage, frequency, or intended duration. As benzodiazepines are not recommended for extended treatment durations, the efficacy and safety of this medication cannot be clearly determined. As such, the prospective request for Ativan is not medically necessary or appropriate.