

Case Number:	CM14-0008325		
Date Assigned:	06/16/2014	Date of Injury:	07/21/2009
Decision Date:	09/29/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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:

The injured worker is a 51 year old male who was injured at work on 7/21/2009. He reported experiencing work stress secondary to perceived harassment from supervisors at his job. He became increasingly anxious and depressed, and was unable to sleep. He was diagnosed with Major Depression, Moderate, and Psychological Factors Affecting Medical Condition. He is also diagnosed with Hypertension. He was prescribed the psychotropic medications Prozac, Ambien and Ativan for over 3 years, and reached a level of stability. As of the 4/30/14 progress report, the injured worker reported having occasional crying spells, depressed mood and sleeping 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 0.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: MTUS Guidelines indicate that Benzodiazepine medications are not recommended for long-term use because there is a question about long-term efficacy, as well as

the risk of developing tolerance, dependence and adverse side effects. The injured worker is diagnosed with Major Depression and Psychological Factors. He is not diagnosed with an anxiety disorder. Ativan (lorazepam) is a medication in the benzodiazepine class which is used to treat the symptoms of anxiety. The 4/30/13 progress report indicates that the injured worker has been taking this medication for at least 3 years, which would constitute long-term use. Based on this information, therefore, it would not be appropriate to continue indefinite treatment with Ativan, as requested. As such, the request is not medically necessary.