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| Case Number: | CM14-0109971 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 11/12/1992 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 06/14/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 58-year-old male who reported an injury on 11/12/1992. The mechanism of injury was not provided. Diagnoses included chronic paranoid schizophrenia and cocaine dependence in full sustained remission. Past treatments included medications. Diagnostic testing was not provided. Surgical history was not provided. The clinical note dated 10/09/2014 indicated the injured worker complained of struggles with anxiety, hallucinations, and paranoia between the hours of midnight and 5 am. The physical examination revealed a blunted affect and auditory hallucinations. Current medications included Zyprexa 5 mg, Ativan 1 mg, and Ambien 10 mg. The treatment plan included Ativan 1 mg #120. The rationale for the treatment plan was not provided. The Request for Authorization form was completed on 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The request for Ativan 1 mg #120 is not medically necessary. The California MTUS Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to anxiolytic effects occurs within months, and long term use may actually increase anxiety. The clinical documentation provided indicated the injured worker complained of struggles with anxiety, hallucinations, and paranoia. He had been taking the requested medication since at least 01/2014. There is a lack of documentation of the efficacy of the requested medication, and the rationale to exceed the guideline recommendation for the short-term use of the requested medication. Additionally, the request does not include the frequency for taking the medication. Therefore, the request for Ativan 1 mg #120 is not medically necessary.