

Case Number:	CM14-0159302		
Date Assigned:	10/02/2014	Date of Injury:	11/30/2009
Decision Date:	11/28/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 115 pages of medical and administrative records. The injured worker is a 63 year old male whose date of injury is 11/30/2009, which was due to repetitive use. He had surgical intervention, physical therapy, epidurals, and acupuncture to both knees. He currently complains of chronic pain. His psychiatric diagnoses are anxiety disorder and primary insomnia. He is not working. A PR2 of 08/22/14 shows that he has anxiety and difficulty sleeping, and that the patient wants to resume previous medications that "made feel better", to include Ativan 0.5mg daily as needed #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5 mg, QTY: 30, with 3 refills: 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 Benzodiazepines Page(s): 24.

Decision rationale: There is inadequate documentation provided for review, there is no description (subjective or objective) of the patient's symptoms to support the diagnosis of anxiety

disorder, or to warrant the prescribing of Ativan. The MTUS does not recommend benzodiazepines for long term use for any condition, and benzodiazepines are not the treatment of choice for anxiety. As such this request is not medically necessary.