

Case Number:	CM14-0174368		
Date Assigned:	10/27/2014	Date of Injury:	09/02/2007
Decision Date:	12/03/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 08/31/2010 due to experiencing a stressful workplace. His diagnosis was adjustment disorder with mixed anxiety and depressed mood, chronic. Past treatments were cognitive behavioral psychotherapy and a psychotropic medication consultation. The injured worker was also consulting with a psychiatrist. Medications consisted of ram iron, Lunesta, and Ativan. The injured worker found that the use of the medications helped to improve his sleep. The injured worker completed psychological testing. Scores on the Beck Inventories suggested mild depression and a moderate level of anxiety. The score on the suicide probability scale suggested a mild risk of suicide. On the Wahler Physical Symptoms Inventory, the injured worker's score suggested a high degree of preoccupation with somatic symptoms and physical functioning. The injured worker's MMPI-2 profile tested as significantly anxious. The injured worker's profile suggested the presence of tension and restlessness. The injured worker's Global Assessment of Functioning was 57. It was reported that the predominant cause of the psychiatric condition was due to cumulative trauma from 09/2007 to 08/31/2010 due to stressful classroom events, the lack of disciplinary support from administration or parents, ongoing vandalism, and management criticism. Due to the injured worker's condition and the severity of his symptoms, including persistent depressed mood, sleep disorder, tearfulness, and the presence of anxiety, it was amended that the diagnosis was changed in 12/2013 to reflect major depression disorder, single episode, severe. The injured worker was working with a therapist to develop a new framework and point of view to alter his pattern of thinking and improve his coping skills. The injured worker reported improved sleep with the use of prescribed medications. The injured worker could obtain 6.5 to 7 hours of rest at night. He was irritable and socially withdrawn. He reported continued episodes of tearfulness. His self esteem and libido were lowered. The injured worker reported to be fearful of returning

to a regular classroom situation. It was reported that the purpose and goal of prescribing Ativan was to reduce the injured worker's anxiety and tension and to contribute to better sleep. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #90: Upheld

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

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

Decision rationale: The decision for Ativan 1 mg quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule states that 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Long term use of these medications should be based on measurements of documented functional improvement without side effects or signs of aberrant use. Although the injured worker has reported functional improvement and better sleep quality from the use of this medication, the provider did not indicate a frequency for the medication on the request. Therefore, the request is not medically necessary.

Ativan 2mg #90: Upheld

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

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

Decision rationale: The decision for Ativan 2 mg quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule states that 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to

anticonvulsant and muscle relaxant effects occurs within weeks. Long term use of these medications should be based on measurements of documented functional improvement without side effects or signs of aberrant use. Although the injured worker has reported functional improvement and better sleep quality from the use of this medication, the provider did not indicate a frequency for the medication on the request. Therefore, the request is not medically necessary.