

Case Number:	CM14-0020335		
Date Assigned:	04/25/2014	Date of Injury:	04/25/2008
Decision Date:	07/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 44-year-old male who reported an injury on 04/25/2008 after he moved a dolly up a ramp. The injured worker reportedly sustained an injury to his right shoulder and low back. Treatment history included a psychological support, trigger point injections, physical therapy, chiropractic manipulation, epidural steroid injections, and multiple medications. The injured worker was evaluated on 01/24/2014. It was documented that the injured worker had a depressed mood with blended and hedonistic and androgenic affect. The injured worker's diagnoses included major depressive disorder. The injured worker's treatment plan included medications to include Celexa 20 mg at night and Ativan 0.5 mg twice a day as needed and trazodone 150 mg at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/24/14) FOR 60 TABLETS OF ATIVAN 0.5MG:
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 retrospective request for 60 tablets of Ativan 0.5 mg for date of service 01/24/2014 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends limited use of benzodiazepines for short durations of treatment due to the high risk of psychological and physical dependency. The clinical documentation submitted for review does indicate that this worker has been taking this medication since at least 10/2013. Therefore, continued use of this medication would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the retrospective request for date of service 01/24/2014 for 60 tablets of Ativan 0.5 mg is not medically necessary or appropriate.