

Case Number:	CM14-0042259		
Date Assigned:	06/30/2014	Date of Injury:	12/18/2009
Decision Date:	08/14/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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

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 43 year old male with date of injury 12/28/2009. Date of the UR decision was 3/28/2014. He has undergone treatment of industrial related chronic pain in the form of physical therapy, and medication treatment. He underwent exploration fusion surgery of the posterior L4-L5 fusion on 8/15/2013. Per the report dated 10/15/2013, he was diagnosed with Major Depressive Disorder, severe, single episode. Per the report dated 3/3/2014, the injured worker was reported to be quite anxious, has financial difficulties, somatic complaints, and anger outbursts. He is not exercising because of his increased depression and feeling out of control. He suffers from anxiety attacks. He has no neurological findings. He was prescribed Ativan for anxiety and Lexapro for depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg one daily as needed, #30 and 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS Guidelines state 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. The request as submitted is excessive per the guidelines and is therefore not medically necessary.