

<b>Case Number:</b>	CM14-0070567		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/01/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Child and Adolescent 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:

The injured worker is a 50-year-old who was injured on June 01, 2010. He was working as a ranch manager, and found one of the farm workers who had accidentally fallen into a baler machine and was killed. The injured worker had to clean up the bodily remains from the farm equipment at the site. The injured worker subsequently developed symptoms of depressed mood, nightmares, intrusive thoughts, insomnia, poor concentration, and anxiety. The injured worker was diagnosed with Post Traumatic Stress Disorder (PTSD) and Major Depression. He was prescribed the psychotropic medications Zoloft, Buspar, Ativan, and Seroquel. He also received sessions of cognitive behavioral therapy (CBT).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1 mg 45 count with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress; Benzodiazepines: Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Benzodiazepines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines are not recommended for long term use in the treatment of anxiety symptoms. Treatment should be limited to four weeks. This is to prevent the development of tolerance, dependence, and adverse side effects. The ODG recommends similar restrictions and warnings regarding long term use of benzodiazepines. The injured worker is prescribed Ativan (lorazepam), and has been taking it for several years. Ativan (lorazepam) is a medication in the benzodiazepine class. Based on these guidelines, therefore, it would not be appropriate for him to continue on this medication, but the medication should not be abruptly discontinued, as this could trigger the onset of seizures or other serious medication withdrawal symptoms. Instead, a small number of pills can be prescribed in order to allow the injured worker to gradually taper and eventually discontinue the medication. Therefore, the request for Ativan 1 mg, 45 count with one refill, is not medically necessary or appropriate.