

Case Number:	CM14-0092838		
Date Assigned:	07/25/2014	Date of Injury:	10/06/1998
Decision Date:	09/30/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/18/2014

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 Internal Medicine, 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 61 year old male injured on 10/06/98 while performing duties as a truck driver injured his right knee while getting out of the truck. Prior utilization reviews indicate the injured worker has continued complaints of chronic pain to bilateral knees with associated psychological symptoms secondary to chronic pain including depressive mood, suicidal thoughts, hopelessness, helplessness, low self-esteem, anxiety, appetite disturbance, irritability, decreased libido, low energy, poor motivation, poor concentration, and poor memory. Previous treatments for psychological issues included bimonthly psychotherapy and medication management. Utilization review dated 05/27/14 indicated discussion with provider reported injured worker severely depressed and anxious due to pending right knee surgery requiring several anti-depressant medications without significant decrease in depressive symptoms. The injured worker required low dose Ativan for anxiety and insomnia which allowed injured worker to sleep. Prior attempts to taper off of Ativan were unsuccessful with subsequent rebound insomnia and anxiety. There was no clinical documentation provided for review. The initial request for Ativan 1 mg #30 refills 8 was initially not medically necessary on 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg # 30 Refills 8: 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: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Studies have shown that tolerance to its effects develops rapidly. It has been found that long-term use may actually increase anxiety. There were no clinical records submitted for review limiting the ability to substantiate the medical necessity of the requested medication. Additionally, the request for 8 refills is excessive. As such the request for Ativan 1mg # 30 Refills 8 cannot be recommended as medically necessary at this time.