

Case Number:	CM14-0192048		
Date Assigned:	11/25/2014	Date of Injury:	06/01/2010
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

Injured worker is a 50 year old male with date of injury 6/1/2010. Date of the UR decision was 10/23/2014. Per Psychiatrist report dated 10/6/2014, the injured worker that reported that his depression was better controlled, he had occasional crying spells and continued to experience occasional flashbacks of the incident in which another colleague of his was sucked into a machine. He was still having flashbacks of the colleague once a month, could see him in the backyard running around his house. He was smelling human flesh and human sweat. He was going to the grave of the colleague and it would tell him not to come and see him anymore. He has been diagnosed with Anxiety Disorder NOS; Depressive Disorder and Post Traumatic Stress Disorder. He was being prescribed Seroquel XR 50 mg nightly, Zoloft 100 mg daily, Ativan 1 mg up to two times a day as needed for anxiety, restlessness and panic attacks and Buspar 15 mg three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #45: 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: California MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Ativan on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) Request for Ativan 1mg #45 is not medically necessary as guidelines limit use to 4 weeks. It is to be noted that the UR physician authorized #30 tablets for the process of safe taper.