

Case Number:	CM15-0004579		
Date Assigned:	01/22/2015	Date of Injury:	07/09/2012
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Illinois
Certification(s)/Specialty: Psychiatry

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 42-year-old male who reported an injury on 07/09/2012. A prior request was made for Ativan 2 mg with a quantity of 120 and Sonata 10 mg with a quantity of 30, both of which were modified based on guidelines not recommending long term use of benzodiazepines and for failure to reveal sufficient evidence based recommendations for Sonata for treatment of chronic pain. Both medications were recommended for weaning purposes. The injured worker had reportedly been injured after slipping on a rock and falling approximately 12 feet off a roof, landing on his feet and losing consciousness. He was diagnosed with a left acetabular fracture and underwent open reduction and internal fixation of the left fracture without complication. Other treatment modalities included physical therapy, bladder management, and DVT prophylaxis. He had been utilizing Ativan for anxiety and Sonata for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg, quantity: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not support long term use of benzodiazepines. The injured worker had been utilizing this medication for several months without specification that it had been effective in reducing his symptoms and improving his over functional ability. Additionally, without having full support under the medial guidelines for continued use, the request cannot be supported and is not medically necessary.

Sonata 10mg, quantity: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment.

Decision rationale: The Official Disability Guidelines were referred to and indicate that without sufficient evidence for positive results for the use of insomnia treatment, discontinuation is recommended with the injured worker necessitating possible psychiatric help. Long term use of this medication is also not supported and with the injured worker having been utilizing this medication for several months without indication of significant improvement in his symptoms, the requested would not be considered medically appropriate. Additionally, the injured worker had clinical documentation of suicidal ideation and other psychiatric issues which could be considered as counterproductive with the use of insomnia treatment. At this time, the request cannot be supported without sufficient rationale and/or medical necessity for ongoing use of this medication.