

Case Number:	CM15-0167954		
Date Assigned:	09/08/2015	Date of Injury:	05/05/2006
Decision Date:	10/09/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male who sustained an industrial injury on 5-5-06. Initial complaint was the development of coccidioidomycosis attributed to cumulative exposure of a fungus over the course of employment. The injured worker was diagnosed with depressive disorder NOS. Currently, the PR-2 dated 7-6-15 indicated the injured worker reports anxiety, depression, tension and irritability are all reduced. He denies any crying episodes. He reports his memory and concentration are impaired but appetite and weight are within normal limits. His energy is low and has insomnia due to worry and obstructive breathing. The provider lists his current medications as: Wellbutrin, Prozac; Elavil and Ativan. The provider is requesting authorization of Ativan 1mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Benzodiazepines.

Decision rationale: The patient presents on 07/06/15 with improving anxiety, tension, irritability, and depression. The patient also complains of impaired memory and concentration. The patient's date of injury is 05/05/06. The request is for Ativan 1mg, #60 with 2 refills. The RFA is dated 07/20/15. Progress note dated 07/06/15 does not include any physical examination findings. The patient is currently prescribed Wellbutrin, Prozac, Elavil, and Ativan. The patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines 2009, Benzodiazepines section, page 24 states "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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks". Official Disability Guidelines, Mental Illness and Stress chapter, under Benzodiazepines has the following: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. In regard to the request for Ativan, treater has exceeded recommended duration of therapy for this class of medications. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy - this patient has been prescribed Benzodiazepine medications since at least 01/14/15. The requested 60 tablets with two refills, in addition to prior use does not imply the intent to limit this medication to short-term use. Therefore, the request is not medically necessary.