

Case Number:	CM15-0184696		
Date Assigned:	09/25/2015	Date of Injury:	05/07/2008
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 36-year-old male with an industrial injury to the lumbar spine of 05/07/2008, after falling trying to avoid a dog. He subsequently developed major depressive disorder. He has been treated surgically (2009 and 2012), with aqua therapy, PT, and medications. He has received individual and group psychotherapy, which indicated that he was in chronic pain, irritable, had general anxiety, and had difficulty controlling angry outbursts. On 07/21/2015, he was reported to have impairments of sleep, energy, concentration, memory, emotional control and stress tolerance. Current medications included Cymbalta, Ativan and Trazodone. His psychiatric condition was described as "cannot be cured" with no further improvement expected. Medications included Cymbalta 60mg QAM, Ativan 0.5mg QD prn anxiety, and Trazodone 100mg at HS. He was permanent and stationary. 08-31-2015 UR modified the request for Ativan 0.5 mg # 90 to # 45 with no refills. There were no additional or more current records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #90: 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 rationale: Benzodiazepines are not recommended for long-term use due to the potential for abuse and dependence, and diminishing anxiolytic effect over long-term use. MTUS recommends use of no greater than 4 weeks. In anxiety disorders, ODG recommends an antidepressant as first line treatment for anxiety disorders, with benzodiazepines used in the acute phase only during titration of the antidepressant. This patient does not have a diagnosed anxiety disorder, and his use of Ativan has exceeded recommended guidelines. There are other anxiolytic agents with more favorable side effect profiles. This request is not medically necessary.