

Case Number:	CM15-0195100		
Date Assigned:	10/08/2015	Date of Injury:	07/06/2011
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old who has filed a claim for chronic pain syndrome, major depressive disorder (MDD) and insomnia reportedly associated with an industrial injury of July 6, 2011. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for Ativan apparently endorsed via an RFA form dated June 1, 2015. On said RFA form dated June 5, 2015, Atarax, Desyrel, Ativan, and Wellbutrin were endorsed. On July 1, 2015, Wellbutrin, Ativan, Desyrel, and Atarax were renewed. The applicant reported issues with major depressive disorder, chronic pain syndrome, and insomnia, it was reported. The applicant was asked to remain off of work. It was stated that the applicant was using Ativan on a twice-daily basis for anxiolytic effect. On August 19, 2015, the applicant was, once again, kept off of work, while Wellbutrin, Ativan, Desyrel and Atarax were renewed. It was again suggested that the applicant was using Ativan on a twice-daily basis for anxiolytic effect.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, #60 (per RFA 6/1/15): Upheld

Claims Administrator 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 & Stress Chapter (Wellbutrin; Trazodone).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Ativan, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the renewal request for Ativan at a rate of two tablets daily in effect, represented treatment in excess of ACOEM parameters. The attending provider failed to furnish a clear or compelling rationale for continued usage of Ativan in the face of the unfavorable ACOEM position against long-term usage of anxiolytics. Therefore, the request is not medically necessary.