

Case Number:	CM15-0198104		
Date Assigned:	10/13/2015	Date of Injury:	04/25/2007
Decision Date:	11/24/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 55 year old male, who sustained an industrial injury on April 25, 2007. The injured worker was diagnosed as having post-traumatic stress disorder due to a traumatic event. Treatment and diagnostic studies to date has included psychotherapy, medication regimen, and laboratory studies. In a progress note dated August 26, 2015 the treating physician reports complaints of ongoing anxiety and depression with "severe" panic episodes. Examination performed on August 26, 2015 was unrevealing for acute abnormalities. The injured worker's medication regimen on August 26, 2015 included Synthroid and noted prior use of Xanax (since at least prior to October of 2013) for his severe panic episodes and Brintellix (since at least July of 2014) for depression, but noted that these medications were no longer authorized. The progress note from August 26, 2015 did not indicate if the injured worker experienced any functional improvement with use of the medications Xanax or Brintellix. On August 26, 2015 the treating physician requested Ativan 0.5mg with a quantity of 45 noting that the injured worker requires this medication to control the "severe anxiety and panic attacks" and also noted that the injured worker has "failed non-benzodiazepine type medications for rescue symptoms of panic". On September 11, 2015 the Utilization Review determined the request for Ativan 0.5mg with a quantity of 45 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ativan 0.5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress : Benzodiazepines (2015); ODG Pain (Chronic) Lorazepam (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: MTUS states, regarding benzodiazepines, "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." ODG states regarding benzodiazepines, "The potential for adverse outcomes increases with concurrent prescribing of medications with sedative properties; thus, concomitant prescribing of opioids, tramadol, benzodiazepines, and other sedating medications (such as H1 blocker antihistamines) is not recommended." ODG states that for Generalized Anxiety Disorder, benzodiazepines are "effective for acute treatment. Long-term use is problematic as few patients achieve and sustain remission with monotherapy. These agents are used primarily as an adjunct for stabilization during initiation of an SSRI or SNRI. The disadvantage of use is the risk of abuse and physiological dependence with long-term use. These drugs also have no anti-depressant effect." Records indicate that the patient has been on benzodiazepines of some sort since at least 2013, far in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on benzodiazepines. Further, the available medical records indicate that prior reviews had recommended weaning of benzodiazepines, which would be appropriate. As such, the request for Ativan 0.5mg #45 is deemed not medically necessary.