

Case Number:	CM15-0207028		
Date Assigned:	10/23/2015	Date of Injury:	07/10/2013
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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

Certification(s)/Specialty: Emergency 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:

This is a 58 year old male with a date of injury of July 10, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis of the knee and hip, carpal tunnel syndrome, cubital tunnel syndrome, and anxiety. Medical records (July 30, 2015; October 2, 2015) indicate that the injured worker complained of right thumb pain, left thumb pain, bilateral hand numbness, and frequent episodes of anxiety. Per the treating physician (October 2, 2015), the employee has not returned to work. The physical exam (June 3, 2015; August 18, 2015; September 2, 2015; October 2, 2015) reveals mild tenderness to palpation of the lower cervical spine, tenderness to palpation of the bilateral shoulders, tenderness to palpation of the bilateral elbows and hands, and tenderness to palpation of the bilateral knees. A psychological evaluation dated August 23, 2015 noted a score of 33 on the Beck Anxiety scale (severely anxious range), and a score of 26 on the Beck Depression Inventory (moderate depression range). Treatment has included medications (Cyclobenzaprine, Omeprazole), home exercise, and transcutaneous electrical nerve stimulator unit. The utilization review (October 8, 2015) non-certified a request for Ativan 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, #60 (2x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Ativan or Lorazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. The appropriate treatment of anxiety is anti-depressants and other modalities to manage anxiety and depression. The number of tablets is not appropriate for intermittent use only during panic attacks but chronic persistent use. Ativan is not medically necessary.