

Case Number:	CM15-0020363		
Date Assigned:	03/24/2015	Date of Injury:	11/17/2003
Decision Date:	05/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 40-year-old male, who sustained an industrial injury on November 17, 2003. The injured worker was diagnosed as having anxiety disorder, not otherwise specified. Treatment to date has included a sleep study, antianxiety and sleep medications, and biofeedback. On December 31, 2014, the injured worker complains of decreased anxiety and related symptoms, largely resolved depression and related symptoms, no interval change in memory and concentration, decreased appetite with slight additional weight loss, decreased insomnia, and energy level, sociability, and sexual interest remain low. The mental status exam revealed a less tense and less dysphoric mood, with occasional smiling. There was no laughing or weeping. Eye contact, spontaneity, and focus are appropriate. There were no exhibition or panic attacks or obsessive rituals. His thought content was less and depressive. There was no thought disorder. There was no change in memory and concentration, psychosis and dangerousness, orientation and intelligence, and judgment and insight. The treatment plan includes continuing his antianxiety and sleep medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Ativan 2mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no recent documentation of anxiety or depression in this case which could be managed with antidepressant. Therefore, the use of Prescription of Ativan 2mg, #90 is not medically necessary.