

<b>Case Number:</b>	CM15-0027151		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Physical Medicine & Rehabilitation

### 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 female patient, who sustained an industrial injury on 02/29/2008. A primary treating office visit dated 01/29/2015, reported the patient arrived for urgent follow up as she has been having significant difficulties with anxiety and panic attacks. Furthermore, the physician had attempted a trial of Buspirone without effect and prescribed her Hydroxyzine 25MG also without noted effect. She had previously been prescribed Ativan and tolerated it well. The patient stated she is having significant difficulty sleeping and is experiencing panic attacks several times daily. She does use walking to try to decrease her feelings, but still no positive changes. The patient is also found having gone through a detoxification program for Opiates and was discharged on 12/18/2014 with successful outcomes. Current medications consist of Neurontin 300MG, Cymbalta 60, Hydroxyzine 25MG and Trazadone 50MG. She also continues to use a transcutaneous electrical nerve stimulating device with good effect. Prior surgical intervention included 10/02/2013 lumbar surgery involving hardware removal, new primary segmentation fixation T9 through L4, laminectomy at T10- L2-3, osteotomies, pedicle subtraction and fusions noted performed. A request was made asking for medication Ativan 1MG and 6 psychology visits. On 02/10/2015, Utilization Review, noncertified the request, noting the CA MTUS, Chronic Pain, Ativan and Psychological Treatment were cited. On 02/12/2015, the injured worker submitted an application for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** According to the 01/29/2015 report, this patient "is having significant difficulty sleeping and is experiencing panic attacks several times a day." The current request is for Ativan 1mg. The request for authorization is not provided for review. The patient's disability status is "not yet considered permanent and stationary by [REDACTED] in his QME report of 11/01/2011." Regarding Benzodiazepines, the MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Review of the provided reports show the patient has been prescribed Ativan since 10/20/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The provider does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request is not medically necessary.

**Psychology visits x 6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** According to the 01/29/2015 report, this patient "is having significant difficulty sleeping and is experiencing panic attacks several times a day." The treating physician is requesting Psychology visits x 6. The treating physician indicates the request is for six follow-up sessions with the patient's psychologist. Regarding treatments sessions, MTUS guidelines page 8 states that the treating physician must monitor the patient and provide appropriate treatment recommendations. In reviewing of the provided reports, the patient has a rating of 53: moderate symptoms on the Global Assessment of Functioning. In this case, given that the patient is experiencing panic attacks several times a day and had a rating of 53 on the GAF numeric scale. The requested Psychology visits x 6 is supported to monitor the patient and provide appropriate treatment recommendations. The request is medically necessary.