

Case Number:	CM15-0217463		
Date Assigned:	11/09/2015	Date of Injury:	03/03/2010
Decision Date:	12/22/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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 injured worker is a 56 year old male, who sustained an industrial injury on 03-03-2010. The injured worker is currently totally disabled. Medical records indicated that the injured worker is undergoing treatment for status posttraumatic right leg amputation and surgical repair, major depressive disorder, post-traumatic stress disorder, panic disorder, and anxiety disorder. Treatment and diagnostics to date has included psychiatric treatment, psychotherapy, and medications. Recent medications have included Ativan (since at least 01-09-2015) and Ambien. Subjective data (08-31-2015 and 10-21-2015), included anxiety and depression. Objective findings (08-31-2015 and 10-21-2015) noted the injured worker "continues to have anxiety and panic attacks" and that "Ativan controls his symptoms". The request for authorization dated 10-23-2015 requested Ativan 0.5mg #60 with 2 refills. The Utilization Review with a decision date of 10-29-2015 modified the request for 1 prescription of Ativan 0.5mg #60 x 2 refills to 1 prescription of Ativan 0.5mg #60.

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 #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Benzodiazepines.

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case the injured worker has been prescribed Ativan since January, 2015. Per the available documentation he has frequent anxiety and panic attacks and Ativan controls his symptoms. Although this medication is not intended for long-term treatment it is controlling the injured worker's symptoms effectively and he is being followed closely by the treating physician. Although, Ativan is warranted in this case, the request for 2 refills is not warranted due to the need for frequent follow-up. The request for 1 prescription of Ativan 0.5mg #60 with 2 refills is determined to not be medically necessary.