

Case Number:	CM15-0220141		
Date Assigned:	11/13/2015	Date of Injury:	05/09/2013
Decision Date:	12/29/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, Illinois

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 52 year old male, who sustained an industrial injury on 5-9-13. He reported injury to the right eye. The injured worker was diagnosed as having major depressive disorder, adjustment disorder with anxiety, panic disorder without agoraphobia, and pain disorder associated with both psychological factors and general medical condition. Treatment to date has included biofeedback, acupuncture, psychotherapy, and medication including Ativan, Citalopram, and Trazodone. The injured worker had been taking Ativan since at least May 2015. On 9-2-15 objective findings included suicidal ideation with no plan or intent. The injured worker's mood was described as frustrated, depressed, stressed, and anxious. On 9-2-15, the injured worker complained of depression and anxiety. The treating physician requested authorization for Ativan 0.5mg #90. On 10-26-15 the request was modified to certify Ativan 0.5mg #90 for the purpose of weaning to discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan tab 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Chapter (updated 10/09/15).

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

Decision rationale: The injured worker sustained a work related injury on 5-9-13. The medical records provided indicate the diagnosis of major depressive disorder, adjustment disorder with anxiety, panic disorder without agoraphobia, and pain disorder associated with both psychological factors and general medical condition. Treatment to date has included biofeedback, acupuncture, psychotherapy, and medication including Ativan, Citalopram, and Trazodone. The medical records provided for review do not indicate a medical necessity for Ativan tab 0.5mg #90. Ativan (lorazepam) is in a group of drugs called benzodiazepines. The MTUS does not recommend the use of the Benzodiazepines for more than 4 weeks, but the records indicate the injured worker has been using this medication at least since 05/2015.