MAXIMUS Federal Services

Case Number:	CM15-0033531		
Date Assigned:	02/27/2015	Date of Injury:	09/30/1998
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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, California
Certification(s)/Specialty: Family Practice

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 75-year-old female with an industrial injury dated 09/30/1998. Her diagnoses include rotator cuff tear and biceps tendon tear. Recent diagnostic testing has included MRI of the right shoulder (07/22/2014) showing full thickness tear involving the distal supraspinatus tendon, findings consistent with a complete tear and retraction of the torn biceps tendon and degenerative changes. Previous treatments have included conservative measures, medications, right shoulder surgery (12/08/2014). In a progress note dated 01/27/2015, the treating physician reports improvement and ready to return to work, but also reports some weakness in grip strength. The objective examination revealed good range of motion in the right shoulder, pain and stiffness on extension, and decreased grip strength in the right hand. The treating physician is requesting Ativan, which was denied by the utilization review. The medication list includes Norco, Xanax and Ativan. The patient has had MRI of the right shoulder that revealed post surgical status and supraspinatus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg daily PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24.

Decision rationale: Ativan is a benzodiazepine, an anti anxiety drug. Lorazepam (trademarked as Ativan or Orfidal) is a high-potency, intermediate-duration, 3-hydroxy benzodiazepine drug, often used to treat anxiety disorders. [4] According to MTUS guidelines, Benzodiazepines are "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. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. It is unclear from the request if the Ativan was meant for daily use or prn use. The medical necessity of the request for Ativan 0.5mg daily PRN is not fully established in this patient.