

Case Number:	CM15-0036591		
Date Assigned:	03/05/2015	Date of Injury:	02/17/2000
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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, New York, 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 applicant is a represented 59-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 17, 2000. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve a request for Ativan while apparently approving a request for fentanyl (Duragesic). The claims administrator referenced a progress note dated February 11, 2015, in its determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of neck and low back pain, highly variable, 4 to 6/10. The applicant was using Norco, Robaxin, Duragesic, Ativan, Lidoderm, Lunesta and Tegaderm, it was acknowledged. It was suggested that Ativan was being employed for anxiolytic effect. The applicant did have various issues with anxiety and depression evident, the treating provider noted. Multiple medications were renewed. The applicant was using a cane to move about. The applicant was status post earlier failed lumbar discectomy surgery. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. On September 2, 2014, the applicant's psychiatrist stated that the applicant was using a variety of psychotropic medications, including Brintellix, Klonopin, and Fanapt. The applicant had various issues with anxiety, depression, and posttraumatic stress disorder, all of which were attributed to the industrial injury. On April 4, 2014, the applicant's psychiatrist stated that the applicant was disabled from gainful employment owing to her mental health issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan Img #60 Refills: 2: Upheld

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

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

Decision rationale: No, the request for Ativan, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Ativan may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, it appears that the applicant and/or attending provider are intent on employing Ativan for chronic, long-term, and/or daily use purposes. This is not an ACOEM-endorsed role for the same. It is further noted that the attending provider failed to outline clear or compelling role for concurrent usage of two separate anxiolytic medications, Ativan and Klonopin. It appears, furthermore, that the applicant was receiving Klonopin from one provider and Ativan from another. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an applicant should obtain opioid prescriptions from a single practitioner. By analogy, other controlled substances such as benzodiazepines should likewise be obtained from a single practitioner. Therefore, the request was not medically necessary.