

Case Number:	CM15-0043289		
Date Assigned:	03/13/2015	Date of Injury:	01/25/2006
Decision Date:	05/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/06/2015

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, Pain Management

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 67 year old female who sustained an industrial injury on 1/25/06. The injured worker reported symptoms of depression. The injured worker was diagnosed as having major depressive disease single episode. Treatments to date have included therapy, antianxiety medication and status post right knee surgeries. Currently, the injured worker complains of symptoms of depression. The plan of care was for medication prescriptions and a follow up appointment at a later date. A psychology progress report dated July 22, 2014 includes diagnoses of major depressive disorder and recommends a psychiatric consultation and psychotherapy. A psychiatry note dated July 23, 2014 states that the patient is compliant with medication. The note indicates that she has anxiety, on meds and she wants to continue same meds and dosages. Medications include Lexapro, trazodone, and Ativan. The diagnosis is major depressive disorder. A progress report dated November 19, 2014 does not identify any anxiety symptoms and continues the prescription for Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Ativan (lorazepam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of this particular medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Additionally, there is no diagnosis of an anxiety disorder, description of how this medication is being used, or discussion regarding other techniques being used to address any anxiety complaint should they exist. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Ativan (lorazepam) is not medically necessary.