

Case Number:	CM13-0030938		
Date Assigned:	12/04/2013	Date of Injury:	10/22/2004
Decision Date:	01/27/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 61 year old male with a date of injury of .October 22, 2004. The provider has submitted prospective requests for 1 prescription of Ativan 0.5mg #60, and an unknown monthly sessions of psychotropic medication management. The relevant subjective findings associated with the July 01, 2013 physical assessment included depression, pain, and frustration. The associated objective findings included anxiety and discouragement, with some improvement. On July 7, 2008, [REDACTED] performed a left knee total arthroplastic surgery. This surgery did provide temporary benefit for the patient. He received postoperative physical therapy two times a week for two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment 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 action 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 more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the patient has been on Ativan since at least April 3, 2012. The medical records show no evidence of attempt to taper Ativan. Given the guideline limit of 4-6 weeks maximum, Ativan is not medically necessary as the duration of treatment has vastly exceeded the maximum time limit for benzodiazepine treatment

unknown monthly sessions of psychotropic medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits and the American Psychiatric Association Practice Guidelines.

Decision rationale: The CA MTUS does not specifically address office visits for psychiatric medication management but does address selective serotonin reuptake inhibitors (SSRIs) medications such as paxil, and benzodiazepines such as restoril and Ativan. Hydroxyzine is addressed elsewhere in this review. The ODG states that office visits are recommended as determined to be medically necessary; Evaluation and management (E&M) outpatient visits to the Offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The American Psychiatric Association Practice Guidelines states the following with respect to therapeutic interventions: "In assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose [I]. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month [I]. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention [II]." This reviewer notes that National standards of care require that the patient receives a minimum amount of medication management session over a twelve month period in order to assess the efficacy of the medications such as Ativan, atarax and prozac. In this case, the number of medication management sessions was not specified. The medication management request had no specified endpoint, and must be taken as a request for unlimited or indefinite medication management into perpetuity. As a result of the lack of an endpoint to treatment being specified, unlimited medication management into perpetuity is not medically necessary per guidelines.

