

Case Number:	CM14-0168430		
Date Assigned:	10/16/2014	Date of Injury:	01/21/2013
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/13/2014

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 claimant was injured on 01/21/13 when she was assaulted. She has been diagnosed with a low back and right shoulder injury and PTSD. Ativan is under review. On 01/11/14, she was prescribed Elavil and Zoloft. On 05/25/14, she saw a psychiatrist who indicated that she was forgetful and forgot an appointment. A psychologist had been able to help her feel better. She needed medicine for anxiety. She was sleeping okay and her appetite was okay. She was getting a little exercise. She was having some hallucinations. She was prescribed Zoloft which had been helpful in the past but she ran out. She was diagnosed with posttraumatic stress disorder. On 06/10/14, the psychologist indicated that she had sexual attack during her employment. Her psychotropic medication had been denied. She required antipsychotic medication. She was being treated by psychology/psychiatry for reactive depression. On 07/28/14, she reported low back pain with lower extremity symptoms and right shoulder pain that was worsening. Her medications were helpful. She was given medications for pain. On 08/18/14, she saw an orthopedic surgeon for her right shoulder. Her medication was helping with her activities of daily living. She was using several medications. There is no discussion of any significant anxiety. On 09/10/14, Ativan was ordered for anxiety. The claimant was also given medication for depression and insomnia. The office note indicates that she felt better with her medications. She felt she needed to cry and had been forgetful. She had missed 3 appointments with a provider who was not going to see her any longer. She was afraid of things. It appears that she had been assaulted. She had ongoing anxiety. Psychotherapy and medical management including Ativan was recommended for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

Decision rationale: The history and documentation do not objectively support the request for Ativan 1mg. The MTUS state "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." The MTUS further state "Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." In this case, the claimant has been prescribed antidepressants on multiple occasions and she stated that Zoloft was beneficial. There is no evidence that she has failed all other medication trials and requires a benzodiazepine for her chronic complaints. She received medication for depression and there is no evidence that it has not been helpful. There is no indication that she has failed the use of Zoloft which was reported as beneficial in the past. The MTUS support the use of antidepressants for chronic anxiety, but not benzodiazepines. The frequency of the doses and the quantity are not noted. The medical necessity of the request for Ativan 1 mg, frequency and quantity unknown, has not been demonstrated.