

<b>Case Number:</b>	CM14-0094368		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, and myofascial pain syndrome with derivative allegations of depression and anxiety reportedly associated with an industrial injury of May 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and psychotropic medications. In a Utilization Review Report dated June 5, 2014, the claims administrator approved a request for methadone while denying a request for Ativan. The applicant's attorney subsequently appealed. On a progress note dated December 17, 2013, the applicant was described as having ongoing complaints of neck pain, shoulder pain, depression, anxiety, insomnia, and crying spells. Ninety tablets of Ativan 1 mg and 270 tablets of methadone 10 mg were endorsed. The applicant's work status was not clearly stated. A trial of Viibryd was endorsed for depression. In a later note dated January 26, 2014, the applicant was described as having persistent complaints of chronic neck pain, shoulder pain, and headaches. Anxiety and depression were also reported. Ativan and methadone were again renewed. On June 9, 2014, the applicant was again given refills of Ativan and methadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics 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 scheduled-use purposes, for depression and anxiety. This is not an ACOEM-endorsed role for Ativan. No compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on long-term usage of Ativan was proffered by the attending provider. Therefore, the request is not medically necessary.