

Case Number:	CM14-0210687		
Date Assigned:	12/23/2014	Date of Injury:	09/11/2000
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 56 year old male with date of injury 09/11/2000. Date of the UR decision was 12/11/2014. Injured worker has been diagnosed with lumbosacralspondylosis without myelopathy, degeneration of the lumbar or lumbosacral intervertebral disc, and myalgia and myositis. Per report dated 10/31/2014, the injured worker presented with subjective complaints of depression, lack of motivation, agitation. Objective findings included depressed facial expressions, visible anxiety and soft spoken. He was diagnosed with Depressive Disorder Not Otherwise Specified and Psychological Factors Affecting Medical Condition. Medications prescribed at that visit were Elavil 10 mg at bedtime for sleep and Ativan 0.5 mg twice daily for anxiety. Injured worker was also being prescribed Ambien 10 mg at bedtime. It has been documented that the injured worker has also been seeking treatment for generalized anxiety disorder from a Psychiatrist and that the Ativan was previously reviewed and recommended for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg BID Anxiety: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. The request for Ativan 0.5mg BID Anxiety is excessive and not medically necessary as the guidelines recommend the use of Benzodiazepines to be limited to 4 weeks only. Also, the submitted documentation suggests that the Ativan was previously reviewed and recommended for weaning.