

Case Number:	CM14-0057077		
Date Assigned:	07/09/2014	Date of Injury:	05/14/2012
Decision Date:	06/19/2015	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/28/2014

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:

The injured worker is a 28 year old male, who sustained an industrial injury on 05/14/2012. The initial complaints or symptoms included pain/injury to the neck, back bilateral shoulders and left hand as the result of an electrocution. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, left shoulder surgery, and psychological and psychiatric therapies. At the time of the request for authorization, the injured worker complained of physical pain while appearing tearful but less depressed. The injured worker reported getting 6-7 hours of sleep each night. The diagnoses included chronic post-traumatic stress disorder, insomnia type sleep disorder due to pain, and major depressive disorder. The request for authorization included Ativan 0.5 mg #60 (twice daily for anxiety) which was modified to Ativan 0.5 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5 mg #60: 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, Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been diagnosed with chronic post-traumatic stress disorder, insomnia type sleep disorder due to pain, and major depressive disorder prescribed. He is being prescribed Ativan on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. It is to be noted that the UR physician authorized #30 tabs of Ativan to ensure a safe taper. The request for Ativan 0.5 mg #60 is not medically necessary as benzodiazepines are not indicated for long term use per the guidelines.