

Case Number:	CM15-0115597		
Date Assigned:	06/23/2015	Date of Injury:	04/14/2010
Decision Date:	07/31/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/15/2015

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 56 year old male, who sustained an industrial injury on 4/14/10. He reports no memory of the industrial accident. He was diagnosed with multiple fractures, blood clot, pneumonia, and a collapsed lung. Treatment to date has included psychotherapy, medication, x-rays, MRI, CT scan, EEG, EMG study, sleep study, hospitalized for 45 days. Currently, the injured worker complains of daily headaches described as throbbing. The injured worker reports depression rating it 10/10; however a note dated 3/30/15 states he is not sure he wants or needs psychological treatment. He reports sleep disturbance, which includes difficulty falling asleep, staying asleep and nightmares related to the industrial injury, sexual dysfunction, difficulty with memory, loss of interest and an overall feeling of numbness in his body. He is diagnosed with major depressive disorder, closed head injury and obstructive sleep apnea. Symptoms of anxiety are documented in a report dated 3/30/15. The note also states the injured worker would benefit from continued supportive psychological/psychiatric treatments to include antianxiety and/or antidepressant medications. Ativan 1 mg one tablet twice a day #60 is being requested to decrease/eliminate anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, take one tablet twice daily, QTY: 60: Upheld

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

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 prescribed Ativan on an long term basis off and on with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Ativan 1 mg, take one tablet twice daily, QTY: 60 is excessive and not medically necessary.