

Case Number:	CM15-0118630		
Date Assigned:	06/26/2015	Date of Injury:	06/28/2000
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63-year-old female, who sustained an industrial injury on 6/28/2000. The mechanism of injury is unclear. The injured worker was diagnosed as having cervical radiculopathy, status post cervical spinal fusion, chronic pain, lumbar post laminectomy syndrome, lumbar radiculopathy, ilioinguinal neuralgia, chronic constipation, medication related dyspepsia, myoclonic neck spasms, history of multiple failed muscle relaxants, and cervical dystonia. Treatment to date has included physical therapy, medications, TENS unit, CT scan of the cervical spine (4/28/2008), electrodiagnostic studies (7/24/2013), and magnetic resonance imaging of the cervical spine (4/3/2007). She is not currently working and is retired. The request is for Ativan; and one psychotropic medication management session a month for 6 months. On 5/26/2015, she was seen for a pain medicine re-evaluation. She complained of neck pain, low back pain, upper extremity pain, and difficulty swallowing and voice pitch changes. She indicated her neck pain to radiate down her bilateral upper extremities, and have frequent muscle weakness, along with frequent muscle spasms. She reported her low back pain to radiate down the right lower extremity and to have frequent muscle spasms. She also reported having pain bilaterally in the hands. She rated her pain a 3-4/10 with medications on average since her last visit, and 8-10/10 on average without medications since her last visit. In addition, she had complaints of constipation and fatigue. She reported having limited activities of daily living. She stated that physical therapy was helpful in pain reduction and exercise tolerance. She reported the use of a TENS unit, and her current medications were helpful. Areas of noted functional improvement include: being able to go to church, bathing, caring for her pet, cleaning, dressing,

and cooking. She complained of severe dystonia, and has denied side effects to her medications. Physical examination noted muscle spasms in the trapezius muscles and neck area, along with tenderness upon palpation. The Beck Depression Inventory psychological screening and assessment score is 45. She is noted to have findings of moderate to severe depression. The records indicated that a CURES report dated 5/26/2015, showed no inconsistencies. The records reported she had tried and failed: Clonazepam, Hydrocodone/APAP, Baclofen, Celebrex (bleeding), Clonidine, Cymbalta, Lunesta, Lyrica (swelling), Omeprazole, Prilosec, Protonix, Robaxin, Senakot-S, Tizanidine, Trazodone, Vicodin, Zanaflex, and Zofran. She is noted to have developed opiate tolerance due to long term opiate use. The treatment plan included: weaning of Norco, repeat Botox injections, alternative treatment for dystonia other than medications as requested by the injured worker, occupational therapy, home health, physical therapy, home exercise program, Butalbital/APAP/Caffeine, Fentanyl patch, Hydrocodone/APAP, Norflex, Pantoprazole, Senokot-S, Tizanidine, and Vitamin D. The records indicate she has been utilizing Ativan since at least December 2014, possibly longer. The records also indicate she has been evaluated by a psychiatrist; however those reports are not available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and approval; one session per month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Mental Illness & Stress, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress / Office visits.

Decision rationale: The original request was for monthly psychotropic medication management and approval; one (1) session per month for six (6) months. The UR approved one (1) psychotropic medication management session a month for six (6) months only. The CA MTUS does not address psychotropic medication management and approval sessions. The CA MTUS states that "the initial assessment of patients with acute stress related conditions focuses on detecting potentially serious psychopathology, or red flag conditions, requiring urgent specialty referral. Referral for mental health professional assessment may be considered for patients whose anticipated absence from work will exceed one week. If symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated." The MTUS also states that a standardized mental status examination allows for detection of underlying psychiatric disorders, assessment of the impact of stress, and documents a baseline of functioning. Generally, patients with stress related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. Follow up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy and whether the patient is missing work. In this case the injured worker is not

working and is retired. The ODG guidelines indicate evaluation and management of outpatient visits play a critical role in proper diagnosis and return to function of an injured worker. Based on these considerations the request for monthly psychotropic medication management and approval; one (1) session per month for six (6) months is not medically necessary.

Ativan 2mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Drugs.com states that Ativan (Lorazepam) is a benzodiazepine. Per the CA MTUS guidelines, 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." In this case the records indicate the injured worker has a diagnosis of Anxiety, and has been utilizing Ativan since at least December 2014, possibly even longer. In addition the records also indicate she has developed an opiate tolerance due to long term opiate use. She has reportedly been evaluated by a psychiatrist; however these reports are not available for this review. Based on these considerations, it is determined that the request for Ativan 2mg #120 is not medically necessary.