

Case Number:	CM15-0176318		
Date Assigned:	09/17/2015	Date of Injury:	10/26/2011
Decision Date:	10/28/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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 62 year old female, who sustained an industrial injury on October 26, 2011 and reported cumulative trauma resulting in neck, shoulders and elbows pain that radiates down to her fingers. The injured worker is diagnosed as having adjustment disorder with mixed anxiety and depressed mood. Her work status is temporary total disability. Currently, the injured worker reports decreased symptoms of anxiety, tension, depression and irritability. She does report slight memory and concentration impairment. She also reports bilateral upper extremity pain rated at 7 on 10. She reports difficulty engaging in the following activities due to pain; dress, bathe, lift a full cup to mouth, open a new milk carton, write, climb 10 stairs, stand, sit, recline, rise from a seated position, do light housework, open car doors, open previously opened jars, get in and out of a car, sleep and engage in sexual activity. An examination dated August 11, 2015 reveals her mood is less dysphoric and she is less tense, which is an improvement from her June 9, 2015 examination. Spontaneity, focus and eye contact are good. Judgment and insight are intact with no impaired reality testing, no thoughts of harming herself or others and she oriented to person, time, place and purpose. Treatment to date has included medications (Lunesta, Ativan for at least 4 months), x-rays, right hand brace, physical therapy, right shoulder surgery, left elbow surgery and MRI. A request for Ativan 1 mg #60 for symptoms of anxiety was modified to #30 to allow for weaning, as long term use of benzodiazepines is not recommended and rapid tolerance is experienced, per Utilization Review letter dated August 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

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 1 mg twice daily 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 and thus the request for Ativan 1mg #60 is not medically necessary. It is to be noted that the UR physician authorized #30 tablets for the purpose of safe taper.