

Case Number:	CM15-0066185		
Date Assigned:	04/14/2015	Date of Injury:	12/07/2005
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 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 applicant is a represented 65-year-old who has filed a claim for chronic neck, low back, and wrist pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of December 7, 2005. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for Ativan. The claims administrator referenced various historical Utilization Review reports, along with a progress note dated February 6, 2015 in its determination. The applicant's attorney subsequently appealed. On September 2, 2014, the applicant reported ongoing complaints of neck pain, low back pain, and neck pain with ancillary complaints of depression, anxiety, tearfulness, and insomnia. The applicant was not working, it was suggested. Acupuncture was endorsed. On February 23, 2015, the applicant again reported ongoing complaints of neck and low back pain. The applicant was using Norco, Soma, Motrin, and Ativan, it was acknowledged, several of which were refilled. It was stated that the applicant was using Ativan twice daily for anxiolytic effect. A traction device, physical therapy, and a TENS unit were also proposed.

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 Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Ativan, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Ativan may be appropriate for “brief periods,” in cases of overwhelming symptoms, in this case, however, the attending provider seemingly suggested that the applicant employ Ativan for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Ativan. Therefore, the request was not medically necessary.