

Case Number:	CM15-0066674		
Date Assigned:	04/14/2015	Date of Injury:	07/13/2011
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/08/2015

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
 Certification(s)/Specialty: Emergency 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 61 year old female, who sustained an industrial injury on 7/31/11. She reported stress and anxiety after being sexually assaulted. The injured worker was diagnosed as having post-traumatic stress disorder, anxiety and depression. Treatment to date has included psychiatric treatment and anti-depressants. On 2/16/15, the injured worker reported having suicidal ideation related to anxiety. The treating psychologist noted illogical thought process and depressed mood. She was started on Prozac 20mg daily. As of the PR2 dated 3/17/15, the injured worker reports increased anxiety and decreased sleep. She also reported 7-8/10 pain in the lower back. The treating physician increased the Prozac and Ativan. The treating physician requested Ativan 1mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: Ativan is a benzodiazepine. Primary treating physicians records history of anxiety and depression. Use of ativan is for anxiety. As per MTUS chronic pain treatment guidelines it is not recommended. There is a high risk of dependence and tolerance. It may be considered in situations where there is overwhelming symptoms but there is no documentation of these symptoms and number of tabs prescribed does not support intermittent use. It is not recommended for anxiety and can worsen anxiety if used chronically. Anti-depressants and other modalities is more appropriate for anxiety treatment. The number of tablets prescribed is excessive and comes with risk of dependency and potential overdose. Ativan is not medically necessary.