

Case Number:	CM15-0069705		
Date Assigned:	04/17/2015	Date of Injury:	09/01/2006
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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 57-year-old who has filed a claim for chronic neck, mid back, and shoulder pain with derivative complaints of posttraumatic headaches, anxiety, and psychological stress reportedly associated with an industrial injury of September 1, 2006. In a utilization review report dated April 7, 2015, the claims administrator partially approved a request for Ativan, apparently for weaning purposes. The claims administrator referenced an RFA form received on March 31, 2015 in its determination, along with an associated progress note of March 26, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated March 26, 2015, difficult to follow, not entirely legible, the applicant apparently presented with complaints of neck pain, shoulder pain, thoracic outlet syndrome, depression, anxiety, and headaches. The note was handwritten and very difficult to follow. The applicant was placed off work, on total temporary disability, while Ativan was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #90 with 2 refills: Upheld

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

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 anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider's handwritten progress note of March 26, 2015 seemingly suggested that the attending provider and/or the applicant were intent on employing Ativan for chronic, long-term, and/or thrice daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.