

Case Number:	CM15-0094409		
Date Assigned:	05/21/2015	Date of Injury:	03/20/2011
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female patient, who sustained an industrial injury to the back, neck, shoulders, wrists and right elbow on 3/20/11. She sustained the injury when her ankle got caught in U boat and she fell down on her right shoulder. The current diagnoses include cervical intervertebral disc degeneration, neck pain, spinal stenosis in cervical region and anxiety. Per the note dated 5/18/15, she had complaints of neck pain and left arm pain. The physical examination revealed depressed mood and affect, abnormal gait due to hip pain, cervical spine- tenderness and decreased range of motion, decreased sensation in C6 dermatomes. The medications list includes hydrocodone-acetaminophen, amitriptyline, trazodone and lorazepam. In a Psychiatry Agreed Medical Evaluation dated 2/27/15, she was diagnosed with moderate major depression, panic disorder and pain disorder associated with both psychological factors and a general medical condition. The physician recommended seeing a psychiatrist and a psychologist for a period of one year, titrating the dosage of Paxil up and adding Klonopin or Lexapro. Per the psycho diagnostic evaluation and consultation dated 2/10/15, she was claiming psychic injury secondary to her injuries. The physician recommended group therapy, ongoing psychiatric treatment with psychotropic medications and reinitiating individual psychotherapy. She has undergone right CTR on 2/5/14 and ACDF C5-6 on 2/1/13, right shoulder revision rotator cuff repair on 11/13/12 and right shoulder arthroscopic surgery on 7/26/2011. She has had physical therapy, acupuncture and injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan for 1 year (unknown dose): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 03/25/15)Benzodiazepine.

Decision rationale: Ativan contains lorazepam which is a benzodiazepine, an anti-anxiety drug. According to 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". In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Response to other measures for insomnia/anxiety is not specified in the records provided. The request for Ativan for 1 year (unknown dose) is not medically necessary or fully established for this patient.