

Case Number:	CM13-0039726		
Date Assigned:	12/20/2013	Date of Injury:	08/14/2004
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70-year-old female who reported an injury on 08/14/2004. The patient is diagnosed with acute compression fracture of the thoracic vertebrae, granuloma, migraine, lumbar radiculopathy, lumbar facet arthropathy, sprain and strain of the thoracic region, degenerative joint disease in the bilateral knees, cervical radiculopathy, occipital neuralgia, and cervical facet arthropathy. The patient was recently seen by [REDACTED] on 10/02/2013. The patient reported ongoing headaches and neck pain. Physical examination was not provided. Treatment recommendations included continuation of current medications including Ativan, Ambien, Zoloft, Fioricet, topical gel, Roxicodone, and desipramine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepan 1 mg: 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 Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most

guidelines limit the use to 4 weeks. As per the documentation submitted, the patient has continuously utilized this medication. The patient's latest physical examination was documented on 09/06/2013 and revealed tenderness to palpation with spasm in the cervical spine, as well as limited lumbar and thoracic range of motion with positive straight leg raise. Despite ongoing use, the patient continues to report depression and anxiety. Satisfactory response to treatment has not been indicated. California MTUS Guidelines further state a more appropriate treatment for anxiety disorder is an antidepressant. As guidelines do not recommend chronic use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.