

Case Number:	CM13-0054578		
Date Assigned:	03/03/2014	Date of Injury:	07/09/2001
Decision Date:	08/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/19/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/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:

59-years old male injured worker with date of injury 7/9/01 with related low back pain. Per progress report dated 11/7/13 he reported low back pain that is constant. The pain was radiating to the left leg down to the foot. There was occasional numbness and tingling into the back of the left thigh. He reported pain and burning sensation in the left elbow. The documentation submitted for review does not specify whether he was treated with physical therapy. Treatment to date has included aquatherapy, acupuncture, and medication management. The date of UR decision 7/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lorazepam: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Lorazepam 1 mg twice daily on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of Benzodiazepines should be limited to 4 weeks. The request for Lorazepam 1 mg twice daily is not medically necessary.

1 prescription of Effexor XR 150mg #30, with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The ODG guidelines suggest that Antidepressants for treatment of MDD (major depressive disorder) are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. The injured worker has been on the same medication dose since 2011 and has not had much subjective or objective improvement with it, therefore, The request for Effexor XR 150mg #30, with 5 refills i.e. 6 month supply is not medically necessary.