

Case Number:	CM13-0066405		
Date Assigned:	05/07/2014	Date of Injury:	10/25/2013
Decision Date:	08/13/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/16/2013

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 Illinois and Wisconsin. 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:

The patient is a 52 year old male who was injured in October of last year when a heater exploded. He apparently was admitted to the hospital for cardiac complaints. Upon discharge on 10/29 he was prescribed Ativan 1 mg TID. Evidently the patient has suffered from PTSD, Panic Disorder and Cognitive Disorder NOS since. The provider has requested coverage for lorazepam 0.5 mg #120, Zoloft 25 mg #30, and Prosom 2 mg #30. This represents an independent review of the previous determination to deny coverage for the above medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORAZEPAM 0.5MG #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions and Treatments Page(s): 24.

Decision rationale: The above citation indicates that Benzodiazepines are indicated for short term use only. The reference indicates that most guidelines limit use to 4 weeks. Although the dosage and frequency are not noted in the request, the amount is consistent with the above

recommendation assuming that the patient is on three milligrams per day as was recommended at the time of his discharge on October 29th. There is no indication he was on Ativan prior to this time. The data reviewed in the summary, support medical necessity for the requested medication in the requested dosage and amount, according to the State of California MTUS.

ESTAZOLAM 2MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness, Summary of Medical Evidence.

Decision rationale: The above citation indicates sedative hypnotics for short term use. While as specific time frame is not indicated, there is no indication in the records provided that the patient was on soporific medication prior to the date of the request and there is no indication of a contraindication to this medication. As such the request is not inconsistent with the applicable standard of care, nor does it conflict with the evidence based recommendations cited by the ODG. The medication is medically necessary.

ZOLOFT 25MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness, Summary of Medical Evidence.

Decision rationale: MTUS are silent in regards to antidepressants but the ODG recommends their use. The dose range is within that recommended by the FDA and there is no contraindication to this medication. As such medical necessity for Zoloft is consistent with the protocols set forth in the ODG.