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| Case Number: | CM13-0067682 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/03/2005 |
| Decision Date: | 04/09/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 12/18/2013 |

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 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 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:

A 43 y/o male with date of injury 1/3/2005. Date of UR decision was 12/09/2013. Injury due to fall at work resulted in bilateral low back pain. He started experiencing major depressive disorder, single episode, severe and Post Traumatic Stress Disorder secondary to the physical disability. Has been on several psychotropic medications during the course of treatment including seroquel, pristiq, lorazepam, abilify, Prozac, cymbalta, trazodone, Prozac. Current medications include prazosin, lorazepam, pritiq, trazodone, abilify. He has received psychotherapy sessions. Per Progress Report from 12/23/2013, there is "exacerbation of PTSD flashbacks and nightmares which awaken him from sleep and interfere with continuity of sleep" Symptoms of Major depressive disorder and PTSD are described in the progress report from that day. Objective findings include "downcast appearance, dysphoric mood, helpless, hopeless, recurrent visual hallucinations, slow mental processing, moderately severe impairment of attention/concentration and some impairment of short term memory." The lorazepam is being prescribed on a long term basis and the dose is gradually being increased due to increase in PTSD anxiety, per Progress report from 12/23/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #30 between 11/23/2013 and 2/4/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

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." In this situation, the injured worker has been receiving lorazepam on a long term basis. The submitted documentation does not reveal the length of time the medications is intended to be continued, goal of treatment, taper schedule etc. Medical Necessity for lorazepam for long term use cannot be affirmed based on the guidelines above