

Case Number:	CM14-0006652		
Date Assigned:	05/23/2014	Date of Injury:	04/12/2010
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/17/2014

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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 injured worker is a 54 year old male whose diagnosis is intervertebral disk disorder with myelopathy, lumbar region. He sustained a low back injury on 04/12/2010 while helping a coworker move a 200 lb air compressor. His past medical history is positive for left eye blindness, right shoulder surgery in 2010, lumbar surgery in 2010, psychiatric hospitalization in 1993 and history of cannabis, cocaine, and methamphetamine abuse (all in remission per history). There is an office visit of 05/24/13 with [REDACTED], psychiatry, in which the patient reported his depressed mood as "okay". His diagnoses were pain disorder associated with psychological factors and general medical condition, major depressive episode severe without psychosis, and anxiety disorder due to a general medical condition. Remeron was prescribed to target major depression as well as for hypnotic properties, and Ativan was increased from BID to TID prn anxiety to contain irritability, facilitate sleep via reduction of anxiety, and reduce pain perception. There are several PR2's from [REDACTED] ranging from July-October 2013. Each time [REDACTED] rated the patient's pain on a 0-10 point scale. The rest of the reports are almost without fail the same: A plan to titrate Effexor to 225mg and continue Ativan 1mg BID for anxiety, and a request for authorization for continued psychotherapy and pain management. The following is cited in each report as well: AME of 08/09/11 from [REDACTED] who recommended 10-12 sessions with a psychiatrist, start an SSRI, and not to increase Oxycontin, and that the patient would benefit from 10-15 sessions of CBT with a therapist. From these citations it appears that on 10/26/12 [REDACTED] recommended continuation of psychotherapy, discontinuation of Venlafaxine, and prescribed Remeron and Ativan. There are no rating scales in any of these reports to assess the patient's functional improvement. There are secondary treating physician's supplemental reports by [REDACTED] of 07/12/13, 08/23/13, 10/11/13, and

11/22/13 in which the patient reported that the combination of Remeron and Lorazepam keeps him "pretty even keeled." Objectively the patient continued to present with anxiety and some negativism. By the visit of 11/22/13 the patient's pain was absent and therefore [REDACTED] felt that his psychiatric status was improved, as it was linked to pain. Medications at that time included Zolpidem ER 12.5mg, Meloxicam BID, and omeprazole. [REDACTED] prescribed Lorazepam 1mg BID and Remeron 30mg QHS.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORAZAPAM TABLET 1MG DAYS SUPPLY 30 QUANTITY 90: Upheld

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

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

Decision rationale: This patient was being treated for an anxiety disorder related to his pain. He had been on Lorazepam since at least 10/26/12. Per California-MTUS 2009, benzodiazepines are not recommended for long term use, and chronic benzodiazepine use is the treatment of choice in very few conditions. Guidelines limit their use to 4 weeks, clearly this has been exceeded. Benzodiazepines have a sedative/hypnotic effect and Lorazepam was being used in part for these effects, however the patient was prescribed Remeron for his sleep disturbance, thus increasing the risk of oversedation. California MTUS states that a more appropriate treatment for anxiety may be an antidepressant. As far back as 08/09/11 [REDACTED] referenced an AME report recommending that an SSRI be instituted. It is unclear what occurred from there. The patient had apparently been on Effexor at one point as there are references to it in [REDACTED] notes of a plan to increase it to 225mg. It is unclear if that ever happened. [REDACTED] notes reflect the fact that his use of Remeron in this patient was for coverage of the depression. There are no quantifiable rating scales to measure objective functional improvement in the areas of anxiety and depression, only notations that the patient's psychiatric status was improved and that patient's self report that the medications kept him "pretty even keeled". In fact, even the amount of Lorazepam being prescribed is unclear. In [REDACTED] office note of 05/24/13 he documented increasing the Ativan 1mg from BID to TID. All future notes reference Lorazepam 1mg BID. Given all of the above, it appears that the claimant has far exceeded the normal duration of use benzodiazepines and as such medical necessity is not met.