

Case Number:	CM14-0011377		
Date Assigned:	02/21/2014	Date of Injury:	10/25/1999
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain with derivative insomnia reportedly associated with an industrial injury of October 25, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy over the life of the claim; earlier rotator cuff repair surgery; earlier knee arthroscopy; epidural steroid injection therapy; and anxiolytics. In a Utilization Review Report dated January 22, 2014, the claims administrator denied a request for Lorazepam. The applicant's attorney subsequently appealed, on March 4, 2014. In a clinical progress note dated January 14, 2014, the applicant was described as having ongoing complaints of low back pain, knee pain, and shoulder pain. The applicant was given a diagnosis of failed lumbar laminectomy surgery. Naprosyn, Prilosec, and Norco were apparently endorsed, with five refills of each. On January 21, 2014, the applicant was described as using Ambien for insomnia purposes. The applicant's medication list was not detailed. The applicant is apparently using a walker to move about. Portions of the progress note had been blurred with repetitive photocopying. It appears that Ativan or Lorazepam was earlier requested on January 12, 2014, to be used as needed in the event of insomnia, pain, and/or to produce a restful night's sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORAZEPAM 2 MG QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the ACOEM Guidelines, anxiolytics such as Ativan or Lorazepam are not indicated on a chronic or long-term use basis. While they may be indicated for a brief period in applicants with severe mental health symptoms so as to afford said applicants with an opportunity to recoup emotional and psychological resources, in this case, however, there is no indication of any episode of overwhelming symptoms for which temporary usage of Lorazepam or Ativan would be indicated. Rather, the attending provider had seemingly posited that he intends to use Ativan on a fairly regular basis for anxiety, pain, and sleep. This is not recommended. Therefore, the request is not medically necessary and appropriate.