MAXIMUS Federal Services

Case Number:	CM14-0016733		
Date Assigned:	04/11/2014	Date of Injury:	11/01/2011
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 43-year-old female with a date of injury of 11/01/2011. The listed diagnoses per [redacted] are posttraumatic stress disorder and panic disorder. According to progress report dated 12/30/2013 by [redacted], the patient's prior treatment has included surgery for MRSA infection of the face. The patient has been treated for anxiety and fear regarding recurrent infection. The patient has fear and avoids contact with people and is socially withdrawn with decreased concentration, and forgetfulness. The patient is also has panic attacks several times a week. The patient has had 16 psychotherapy sessions in 2012 and another 16 in 2013. Medications include Zoloft, Xanax, Risperidone, Lunesta, Restoril, Ambien, and Klonopin. The patient has medication management with psychiatrist, [redacted], who prescribes Ativan/Lorazepam 2 mg twice a day to manage anxiety and tension and help increase sleep. The physician states that the patient had an increase in anxiety and that Lorazepam was increased to 2 mg 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORAZEPAM TAB 2MG, 30 DAY SUPPLY, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with posttraumatic stress syndrome and panic disorder. The physician is requesting a refill of Lorazepam 2 mg #90. The MTUS Guidelines page 24 states "benzodiazepines are not recommended for long term use because long term efficacies are unproven and there is a risk of dependence." Medical records document this patient has been taking prescribed this medication since 10/09/2013. The physician is requesting #90. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for long term use. Given the physician is prescribing this medication for a long term basis, recommendation is for denial. The request for Lorazepam tab 2mg, 30 day supply, #90 is not medically necessary.