

Case Number:	CM14-0177596		
Date Assigned:	10/31/2014	Date of Injury:	10/07/2005
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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] forklift driver who has filed a claim for headaches, neck pain, depression, anxiety, shoulder pain, arm pain, and gastroesophageal reflux disease reportedly associated with an industrial injury of October 7, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; proton pump inhibitors; earlier cervical fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 7, 2014, the claims administrator approved a request for tramadol, Neurontin, Prilosec, Laxacin, Ambien, Prozac, Zoloft, and Fioricet in a 16-17 page Utilization Review Report, while partially approving a request for Lorazepam (Ativan). The applicant's attorney subsequently appealed. In a September 23, 2014 progress note, the applicant ongoing issues with neck pain radiating into left arm, paresthesias about the digits, headaches, reflux, depression, anxiety, and insomnia. It was stated that the applicant was using Lorazepam on an as-needed basis for anxiolytic effect. Multiple medications were refilled, including tramadol, Neurontin, Prilosec, Laxacin, Prozac, Zoloft, Lorazepam, and Fioricet. A trial of Ambien was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg, Qty. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Lorazepam (Ativan) may be appropriate for "brief periods," in cases of overwhelming, symptoms, in this case, however, the information on file suggested that the applicant is employing Ativan (Lorazepam) for chronic, long-term, and scheduled use purposes, for anxiolytic effect and/or sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.