

Case Number:	CM14-0182620		
Date Assigned:	11/07/2014	Date of Injury:	07/11/2003
Decision Date:	12/12/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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, and is licensed to practice in Illinois and Wisconsin. 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 56 year old female who was injured in July of 2003. In August of 2010 a psychiatrist evaluated the patient and indicated putative diagnoses of Major Depression, Recurrent Severe without Psychosis, Somatization Disorder and Bipolar Disorder, Manic, Severe without Psychosis. In February of this year she was seen by a psychiatrist who reported the patient as being irritable and agitated with depression and anxiety and recommended continuation of her medication regimen which included Paxil 40 mg daily, Wellbutrin 300 mg daily, Seroquel 20-50 mg daily, Zolpidem 10 mg daily prn and Ativan 2 mg daily. It appears that she has been seen monthly since then. In May Lexapro 20 mg was instituted for reasons that are not clear. More recently the provider submitted a request for coverage for lorazepam, zolpidem, tramadol, paroxetine, bupropion and 1 office visit. The previous reviewer denied coverage for the lorazepam and zolpidem due to lack of medical necessity. This is an independent review of the previous determination to deny coverage for lorazepam 1 mg #120 and zolpidem 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg, #120: 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, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The ACOEM does not recommend Benzodiazepines as a first line treatment due to risk of tolerance and dependence. The State of California MTUS indicates that their use should be limited to 4 weeks duration. The records submitted indicate that this provider has been prescribing Ativan since at least February of this year and the previous reviewer indicated that the patient has been on this medication for an even longer time period. Thus it is clear that the requested additional Lorazepam 1 mg, #120 far exceed the maximum recommended duration according to the evidence based guidelines cited above. Therefore, the request for Lorazepam 1 mg, #120 is not medically necessary.

Zolpidem 10 mg, #30: 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): Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: The records indicate that this patient has been on zolpidem for at least 9 months. ACOEM and State of California MTUS are silent in regards to soporific medication but ODG recommends that use of this drug be limited to 7-10 days. As such, the requested Zolpidem 10 mg, #30 cannot be considered medically necessary according to the evidence based Official Disability Guidelines.