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| Case Number: | CM14-0036078 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 07/28/2000 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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 Orthopedic Surgery 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 injured worker is a 60 year-old male who was reportedly injured on July 28, 2000. The mechanism of injury is noted as a fall type event. The most recent progress note, dated January 15, 2014 indicated that there are ongoing complaints of depression, anxiety, headache, and suicidal ideation. The injured employee's psychiatric condition remains stable. There is no physical exam presented for review. Previous treatment includes a Cymbalta, Seroquel, Trazodone, Norco, psychotherapy and other surgical and treatments. A request had been made for Lorazepam 1mg #60 with 3 refills which was not certified in the pre-authorization process on March 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg, #60 with 3 refills: 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 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines do not support the use of Benzodiazepines such as lorazepam for long term use and limits use to 4

weeks. There is risk of dependency and tolerance to hypnotic effects develops rapidly. Records reviewed document that the claimant has been on this medication as far back as 2007. Based on this, the medication is not medically necessary.