

Case Number:	CM14-0048316		
Date Assigned:	07/02/2014	Date of Injury:	06/30/2008
Decision Date:	08/11/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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:

This patient is a 45 year old female with a date of injury of 6/30/08. Her claim is of a psychiatric nature and she has been diagnosed with depression, panic disorder, a sleep disorder, and hyposexual disorder related to depression/pain. She is currently evaluated by and medications (Prozac 40mg., Ativan 1mg and Restoril 30mg) are monitored by a psychiatric specialist. There was a psychiatric AME evaluation in late 2013. The medications were opined to be beneficial and appropriate, and that they had allowed her to discontinue other treatment. It was recommended that a trial of medication tapering be considered at about 18 months from the evaluation. There is no evidence of medication misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam Tab 2mg Quantity:60 Days Supply:30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Weaning of Medications Page(s): 24, 124.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines discourage the long term use of benzodiazepines, but this patient's circumstances are a reasonable exception to this

general recommendation. This patient primarily has a psychological diagnosis and qualified psychiatric specialists have recommended ongoing use (for up to 18 months which would be early to mid 2015) before a trial of tapering. Judicious use of Benzodiazepines under the direction of a psychiatrist is an accepted standard of care, and Xanax is FDA approved for this patients primary diagnosis. As such, the request is medically necessary.