MAXIMUS Federal Services

Case Number:	CM14-0190851		
Date Assigned:	11/24/2014	Date of Injury:	06/21/2011
Decision Date:	01/09/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency 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:

Patient with reported date of injury on 6/21/2011. Mechanism of injury is described as a fall while driving a forklift. Patient has a diagnosis of cervical facet pain, head injury, traumatic brain injury and post traumatic seizures. Patient has several psychiatric issues since the injury including diagnosis of depression and panic attacks with agoraphobia. Medical reports reviewed. Last report available until 9/12/14. Since this review relates to medication request related to psychiatric disorder, progress notes related to other complaints were just briefly reviewed.Patient has physical complaints of headaches, neck pains and upper back pains. Neurological exam was reportedly normal. Patient's psychiatric complaints report some improvement in depression and anxiety related symptoms. Psychiatric assessment reveals less dysphoria. Ativan was refilled for anxiety. Current medications include Ativan, Celexa and Sonata. Patient is also on Naproxen and Keppra. Patient has had several neck related procedures including injections and radio frequency ablation. Patient has reportedly undergone physical therapy, chiropractic and acupuncture. Independent Medical Review is for Lorazepam 2mg #60. Prior UR on 10/8/14 recommended non-certification of lorazepam. It approved Citalopram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #60: Upheld

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

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

Decision rationale: Ativan or Lorazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. The appropriate treatment of anxiety is anti-depressants and other modalities to manage anxiety and depression. The number of tablets are not appropriate for intermittent use only during panic attacks but chronic persistent use. Lorazepam is not medically necessary.