

Case Number:	CM14-0198925		
Date Assigned:	12/09/2014	Date of Injury:	06/22/2008
Decision Date:	02/11/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/26/2014

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] beneficiary who has filed a claim for chronic low back pain, chronic knee pain, stress, anxiety, psychological stress, and dyspepsia reportedly associated with cumulative trauma at work between the dates June 22, 2008 through June 22, 2009. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for Lorazepam (Ativan), an anxiolytic medication. The claims administrator seemingly suggested that its determination was based on a September 2, 2014 RFA form and associated progress note. The applicant's attorney subsequently appealed. In a handwritten note dated May 21, 2014, the applicant was placed off of work, on total temporary disability, for four to six weeks, owing to ongoing complaints of knee, leg, and low back pain. Large portions of the progress notes were extremely difficult to follow. A lumbar support was endorsed. The applicant's medication list was not clearly detailed. The attending provider suggested that the applicant receive home health services for the purposes of assistance to activities of daily living. The applicant was described as not working on a subsequent note dated June 30, 2014. Norco, Naprosyn, and Axid were endorsed on this date. On October 2, 2014, Norco, Axid, and Naprosyn were endorsed via an RFA form. There was no mention of the applicant's using Lorazepam (Ativan) at this point. Similarly, an appeal letter dated October 27, 2014 likewise contained no reference to the applicant's using Lorazepam (Ativan) on this date, although the attending provider did acknowledge that the applicant had issues with stress, anxiety, and sleep disturbance. The remainder of the file was surveyed. There were no explicit references to the applicant's using Lorazepam (Ativan).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam tab 1mg #30: Upheld

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

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, there was no mention of the applicant's having any overwhelming mental health issues such as panic attacks evident on several progress notes interspersed above, throughout late 2014. The information on file, moreover, did not contain any explicit references to the applicant's using lorazepam (Ativan). Therefore, the request was not medically necessary.