

Case Number:	CM15-0100807		
Date Assigned:	06/03/2015	Date of Injury:	07/17/2007
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male, who sustained an industrial injury on 7/17/07. He reported back, hips and left leg injury after slipping and falling while cleaning a truck window. The injured worker was diagnosed as having lumbar disc displacement and spinal stenosis. Treatment to date has included oral medications including Vicodin, lumbar fusion, heat, physical therapy and home exercise program. Currently, the injured worker complains of low back pain. He is currently not working. Physical exam noted limitation of lumbar range of motion. A psychiatric evaluation dated 2/9/11 was submitted with documentation. A request for authorization was submitted for Lorazepam, Imipramine and Perphenazine. A report dated January 19, 2015 states that the patient continues to have symptoms of depression, anxiety, and stress related medical complaints. The note indicates that there are current improvements in symptoms and functions from the medications and related counseling. The note states that no side effects have been identified and that all the medications interact to improve anxiety, depression, confusion, emotional control, and stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lorazepam 0.5 mg #120 with 2 refills prescribed on 5/1/2015: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Ativan (lorazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, it is clear the patient has complaints of anxiety, and is already taking an antidepressant. The psychiatrist evaluating the patient feels that the addition of an anxiolytic in the form of lorazepam has further improved the patient's anxiety complaint as well as his function. No side effects or aberrant use of been reported. As such, the currently requested lorazepam is medically necessary.