

Case Number:	CM15-0187921		
Date Assigned:	09/29/2015	Date of Injury:	08/19/2009
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 is a 32 year old female who sustained an industrial injury on 08/19/2009. Her diagnoses are carpal tunnel syndrome and major depressive disorder. She is status post carpal tunnel release. She has received psychotherapy, medication management, and treatment for multiple orthopedic complaints, gastrointestinal distress and headaches. In a psychopharmacology evaluation of 06/15/2015, she complained of increased anxiety due to having been told she needs another carpal tunnel surgery. She endorsed, fatigue and stress. She reported stable mood, and that Ativan was beneficial. She was tolerating the maximum Cymbalta dose well. There was no change in mental status or somatic complaints. The psychiatric review of symptoms was positive for anxiety, nightmares, anger, irritability, sleep disturbance, social withdrawal, daily episodes of tearfulness, diminished self- confidence and libido. Concentration and memory difficulties and appetite disturbance were noted to be unchanged from previous exams. She appeared less anxious and depressed; affect was sad and constricted without tearfulness, and "broader" than last visit. She endorsed recurrent suicidal ideation, without plan. The treatment plan included continuing Cymbalta and Ativan and more extensive psychotherapy. UR of 09/01/2015 recommended weaning of lorazepam. On 9-1-15, Utilization Review noncertified a request for Lorazepam 1mg #90 with refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Benzodiazepines are not recommended for long-term use because of the risk of dependence and abuse. MTUS and ODG guidelines limit use to 4 weeks. UR of 09/01/15 recommended weaning. There is no documented efficacy of this agent. This request is not medically necessary.