

Case Number:	CM15-0208777		
Date Assigned:	10/27/2015	Date of Injury:	12/28/2007
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] who has filed a claim for chronic shoulder pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of December 28, 2007. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve requests for diazepam and lorazepam. The claims administrator referenced an October 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 6, 2015, Norco, Valium, Ativan, Lyrica, Remeron, prazosin, and a plastic surgeon consultation were seemingly sought. On an associated office visit of October 6, 2015, the applicant reported ongoing issues with chronic elbow, hand, wrist, and forearm pain. The applicant reported difficulty with lifting tasks. Ativan was endorsed for anxiolytic effect, the treating provider reported, while Valium was apparently renewed for antispasmodic effect. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #60, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for lorazepam (Ativan), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that anxiolytic such as Ativan (lorazepam) may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the 60-tablet, 1-refill renewal request for Ativan (lorazepam) implied chronic, long-term, and/or twice daily usage of the same, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. The attending provider failed to furnish a clear or compelling rationale for concurrent use of two separate benzodiazepines anxiolytics lorazepam (Ativan), Valium (diazepam). Therefore, the request was not medically necessary.

Diazepam 5mg #30, 1 refill: Upheld

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

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

Decision rationale: Similarly, the request for diazepam (Valium) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine such as diazepam (Valium) are not recommended for long-term use purposes, whether employed for sedative effect, hypnotic effect, anxiolytic effect, anti-convulsant or the muscle relaxant effect for which Valium was seemingly employed here, with most guidelines limiting usage of the same to four weeks. Here, thus, the 30-tablet, one-refill supply of diazepam (Valium), thus, represents treatment in excess of the MTUS parameters. As with the preceding request, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider incorporate some discussion of the applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate, potentially sedating benzodiazepine agents, diazepam and lorazepam. Therefore, the request was not medically necessary.