MAXIMUS Federal Services

Case Number:	CM15-0021236		
Date Assigned:	02/10/2015	Date of Injury:	03/09/2009
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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

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 was a 47 year old male, who sustained an industrial injury, March 9, 2009. According to progress note of December 23, 2014, the injured workers chief complaint was low back pain and bilateral calf pain at bedtime. The injured worker was complaining of right knee pain. The injured worker was driving and pushed on the brake too hard and developed pain in the right knee. Only able to use exercise bike for a few minutes, due to increased muscle cramps. The injured worker was diagnosed with depressive disorder, degenerative disc disease of the lumbar spine, lumbar radiculopathy with increased weakness, status post L4-S1 fusion, Lumbar facet syndrome L2-L3 and L3-L4, Myofascial pain, bilateral calf pain, bilateral L5-S1 nerve root impingement, bilateral foraminal stenosis of L4-L5 and Grade 1 anterolisthesis of L5-S1. The injured worker previously received the following treatments lumbar spine fusion, psychology services, home exercise program and stationary bike every other day at home, Percocet of pain, Lyrica and laboratory studies. On January 8, 2015, the primary treating physician requested authorization for prescriptions for Ativan 0.5mg #60 with 2 refills, ProSom 2mg #30 with 2 refills and psychotherapy 12 sessions for depressive disorder. January 16, 2015, the Utilization Review denied prescriptions for Ativan 0.5mg #60 with 2 refills, ProSom 2mg #30 with 2 refills and psychotherapy 12 sessions. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #60 x 2 refills, as prescribed 10/21/14: Upheld

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 23.

Decision rationale: Ativan (Lorazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Ativan/Clonazepam also is used to prevent certain types of seizures. Ativan/Lorazepam is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Ativan/Lorazepam's continued use for this chronic injury nor is there documented functional efficacy from treatment already rendered. The Ativan 0.5mg #60 x 2 refills, as prescribed 10/21/14 is not medically necessary and appropriate.

ProSom 2mg #30, x 2 refills, as prescribed 10/21/14: Upheld

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 24.

Decision rationale: Estazolam is a benzodiazepine indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines. ODG does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this chronic injury. The ProSom 2mg #30, x 2 refills, as prescribed 10/21/14 is not medically necessary and appropriate.

Initial Psychotherapy (12 sessions): Upheld

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 Psychological Treatment, Pages 101-102.

Decision rationale: Submitted reports have not described what psychological testing or evaluation are needed or identified what specific goals are to be obtained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no symptom complaints, clinical findings or diagnostic procedures to support for the Psychotherapy treatment. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, does not recommend initial 12 sessions of psychological treatment. The Initial Psychotherapy (12 sessions) is not medically necessary and appropriate.