MAXIMUS Federal Services

Case Number:	CM15-0211891		
Date Assigned:	10/30/2015	Date of Injury:	11/16/2010
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/27/2015

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 59-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 16, 2010. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve a request for lorazepam (Ativan). The claims administrator referenced an October 13, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported issues with headaches, dizziness, and temporomandibular joint disorder. The applicant's medications included Ativan, baclofen, Norco, Naprosyn, and Prilosec. The applicant reported losing hair. The applicant was seemingly using Ativan for anxiolytic effect, it was suggested. On a handwritten note of September 30, 2015, the applicant was placed off of work, on total temporary disability. The note was very difficult to follow and not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #90: 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.

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 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the 90-tablet renewal request for lorazepam (Ativan) implied chronic, long-term, and/or thrice-daily usage of the same, i.e., usage which ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.