

Case Number:	CM15-0215377		
Date Assigned:	11/05/2015	Date of Injury:	07/08/2009
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/02/2015

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] beneficiary who has filed a claim for chronic shoulder, elbow, wrist, hand, neck, and low back pain reportedly associated with an industrial injury of July 8, 2009. In a Utilization Review report dated October 28, 2015, the claims administrator failed to approve requests for Ativan and Norco. The claims administrator referenced an October 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant was using Ativan for anxiolytic effect, the treating provider reported, up to 2-3 times daily, the treating provider reported. The applicant's medications included Motrin, Ativan, Norco, and Norvasc, it was reported. Both Norco and Ativan were seemingly renewed. The applicant was asked to return to regular duty work. The treating provider contended that Norco was being employed sparingly, approximately twice weekly, and that the applicant had last received refill of Norco in June 2014. The attending provider contended that ongoing usage of Norco was effective in attenuating severe flare of pain if and when they arose. The applicant was described as doing well from a chronic pain perspective. The applicant was returned to regular duty work. The attending provider again stated that the applicant was using Norco quite sparingly for pain relief. The applicant was using approximately 6 tablets of the same in a month, the treating provider. The applicant was, however, using Ativan on a twice daily basis, at a rate of 60 tablets a month, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam .5 MG Qty 60 with 2 Refills: 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 (lorazepam) are indicated for short periods, in cases of overwhelming symptoms, here, however, the 60-tablet, 2-refill supply of lorazepam at issue implied chronic, long-term, and/or twice daily usage, i.e., usage in exchange of 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.

Hydrocodone-APAP 7.5/325 MG Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Conversely, the request for Norco (hydrocodone-acetaminophen), a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained successful, full-time, regular duty work status with ongoing Norco usage, the treating provider contended. The applicant was using Norco quite sparingly, at a rate of 6 tablets a month, the treating provider reported, in the events of acute flares of pain. Continuing the same, on balance, was indicated, given the applicant's seemingly favorable response to ongoing usage of Norco. Therefore, the request is medically necessary.