

Case Number:	CM15-0032969		
Date Assigned:	02/26/2015	Date of Injury:	12/11/2009
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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 56-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 11, 2009. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve request for lorazepam (Ativan), while apparently approving requests for acyclovir and mycophenolate. The claims administrator referenced a January 23, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On March 6, 2015, the attending provider suggested that the applicant was not working and would benefit from vocational rehabilitation evaluation. Medication selection and medication efficacy were not discussed. In a March 4, 2015 progress note, the applicant was given refills of Ativan, acyclovir, and mycophenolate. It was not clearly stated for what purpose lorazepam (Ativan) was being employed. The applicant was previously given lorazepam (Ativan) on September 11, 2014. It was suggested that the applicant had issues with anxiety and was using lorazepam for the same. On January 15, 2015, lorazepam, acyclovir, and mycophenolate were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #200 and 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for lorazepam (Ativan), an anxiolytic medication, 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 lorazepam (Ativan) may be appropriate for 'brief periods,' in cases of overwhelming symptoms, here, however, the 200-tablet, six-refill supply of Ativan at issue represents chronic, long-term, and/or daily usage. Such usage, however, is incompatible with the short-term role for which anxiolytics are recommended, per ACOEM. Therefore, the request was not medically necessary.