

Case Number:	CM15-0041782		
Date Assigned:	03/12/2015	Date of Injury:	09/29/2005
Decision Date:	04/21/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 injured worker is a 60-year-old male, who sustained an industrial injury on September 29, 2005. The injured worker was diagnosed as having Major depression, post-traumatic stress disorder (PTSD), and Panic disorder. Treatment to date has included medication and psychiatric medical management. Currently, the injured worker complains of low back, left shoulder and left knee pain which he rates an 8 on a 10-point scale. He reports using only Ibuprofen 500 mg twice per day for pain control. The evaluating physician recommends Remeron 45 mg at bedtime for depression associated with PTSD and chronic pain, Sertraline 100 mg each day for neurovegetative symptoms of depression associated with his chronic pain and lifestyle changes and Lorazepam .5 mg 1-2 every 6 hours for anxiety associated with chronic pain and stressors ensuing from his industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam .5mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Anxiety medications in chronic pain - benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking lorazepam for an extended period of time. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Lorazepam .5mg #120 with 3 refills is not medically necessary.