

Case Number:	CM15-0059946		
Date Assigned:	04/06/2015	Date of Injury:	10/01/2011
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 10/1/11. The injured worker was diagnosed as having posttraumatic stress disorder and major depressive disorder. Treatment to date has included oral medications and psychotherapy. Currently, the injured worker complains of psychiatrically based impairments of sleep, energy, concentration, memory, emotional control and stress tolerance. The physician noted objective findings were consistent with subjective findings. The treatment plan consisted of refilling oral medications and continuation of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #30: 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(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, the documentation explained that the lorazepam use was for assistance with sleep, although there was evidence to suggest this was also for back pain and anxiety, possibly all related. There was no specific report on how effective this medication was for the worker's sleep to help justify its continuation at this stage. However, since he has been using lorazepam on a chronic basis at this point, which is not recommended, it cannot be recommended and will be considered medically unnecessary. Weaning may be indicated.