

Case Number:	CM14-0148623		
Date Assigned:	09/18/2014	Date of Injury:	05/19/2001
Decision Date:	10/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker has with date of injury 05/19/2001. Date of the UR decision was 9/2/2014. Progress report dated 4/29/2014 suggested that she was continuing to experience increasing pain for which she was taking hydrocodone and presented as very upset, anxious and irritable. Recommendations per that evaluation included restarting on her medications which included Lexapro 10-20 mg per day; Venlafaxine 150 mg per day; Ativan 1 mg, two or three times per day for anxiety and agitation. Report dated 5/29/2014 also listed for the same medications to be continued as she reported to be depressed and had agitation with insomnia. Report dated 6/26/2014 suggested that she remained anxious and depressed but less than before and her pain has increased. Lexapro 20 mg per day with a decreased dose of Venlafaxine for depression; Ativan 1mg, twice per day for anxiety and agitation (reduced from 3 mg daily). Report dated 7/24/2014 indicated that Wellbutrin was added to the regimen and she was prescribed Lexapro 20 mg per day combined with Wellbutrin for depression; Ativan 1 mg, twice per day for anxiety and agitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan (lorazepam) 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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." Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan 3 mg daily since at least 4/29/2014 and it was reduced to 2 mg daily dose on 6/26/2014. In this case, there is no clear plan to wean the injured worker off the Ativan which she has been prescribed for >5 months already. The request for Ativan (lorazepam) 1mg #60 is not medically necessary as the MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks.