MAXIMUS Federal Services

Case Number:	CM14-0210260		
Date Assigned:	12/23/2014	Date of Injury:	07/11/2013
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Ohio, 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] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of July 11, 2013.In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved a request for Ativan (lorazepam). The claims administrator stated that its decision was based on an RFA form received on November 13, 2014. The claims administrator employed non-MTUS ODG Guidelines to deny the request. The claims administrator invoked non-MTUS ODG Guidelines in its determination. The claims administrator stated that its decision represented a denial of Ativan dispensed on October 22, 2014.On September 15, 2014, the applicant received an epidural steroid injection. On August 12, 2014, the applicant was apparently returned to regular duty work and given refills of naproxen, Prilosec, Zanaflex, Ultram, and Norco. Primary operating diagnoses were low back and groin pain.On September 9, 2014, the applicant was given diagnoses of low back pain, groin pain, and acute anxiety and nausea. A third epidural injection was endorsed. The applicant was asked to obtain a psychiatry consultation. Prilosec was endorsed. Ativan, kava-kava, and Zofran were endorsed. The attending provider stated that the applicant had received Ativan at an urgent care facility before having been given Ativan on this occasion. The October 22, 2014 progress note in which the Ativan was dispensed was not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg, 1 at bedtime #45, dispensed on 10/22/14.: Upheld

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

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in this case, the applicant has apparently received three separate prescriptions for lorazepam (Ativan) for anxiolytic effect. This represents chronic, long-term, and scheduled usage of the same. Such usage, however, is incompatible with ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.