

Case Number:	CM14-0213682		
Date Assigned:	04/23/2015	Date of Injury:	03/20/2011
Decision Date:	06/11/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 3/20/2011. Diagnoses have included spinal stenosis in the cervical region and depressive disorder. Treatment to date has included cervical spine surgery and medication. According to the progress report dated 6/30/2014, the injured worker complained of back and neck pain. Objective findings revealed a depressed mood and affect. Exam of the cervical spine revealed pain elicited by motion. Authorization was requested for Lorazepam 1mg and Ativan 0.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 1mg #90 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are depressive disorder; lesion of ulnar nerve; shoulder joint pain; displacements cervical intervertebral disc without myelopathy; degeneration cervical into vertebral disc; spinal stenosis cervical region; neck pain; full thickness rotator cuff tear; defective vertebral segmentation; and brachial neuritis. On May 1, 2014 date the injured worker underwent arthrodesis of C6 - C7, discectomy, interbody spacer at C6 - C7. Subjectively, according to the sole progress note from the treating/requesting physician dated June 30, 2014, the injured worker complained of back and neck pain. Objectively, the injured worker appeared depressed. There were no other objective clinical findings documented in the medical record. The treatment plan did not include benzodiazepines. The request for authorization is dated November 24, 2014 (six months later). There are no contemporaneous progress notes on or about the date of authorization by the treating/requesting provider. There is no discussion in the medical record regarding benzodiazepines. Consequently, absent clinical documentation with a clinical indication and rationale, Lorazepam 1 mg #90 is not medically necessary.

Ativan .5mg: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 0.5 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are depressive disorder; lesion of ulnar nerve; shoulder joint pain; displacements cervical intervertebral disc without myelopathy; degeneration cervical into vertebral disc; spinal stenosis cervical region; neck pain; full thickness rotator cuff tear; defective vertebral segmentation; and brachial neuritis. On May 1, 2014 date the injured worker underwent arthrodesis of C6 - C7, discectomy, interbody spacer at C6 - C7. Subjectively, according to the sole progress note from the treating/requesting physician dated June 30, 2014, the injured worker complained of back and neck pain. Objectively, the injured worker appeared depressed. There were no other objective clinical findings documented in the medical record. The treatment plan did not include benzodiazepines. The request for authorization is dated November 24, 2014 (six months later). There are no contemporaneous progress notes on or about the date of authorization by the treating/requesting provider. There is no discussion in the medical record regarding benzodiazepines. Consequently, absent clinical documentation with a clinical indication and rationale, Ativan 0.5mg #60 is not medically necessary.

