

Case Number:	CM15-0014912		
Date Assigned:	02/02/2015	Date of Injury:	01/22/2013
Decision Date:	05/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/26/2015

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: Physical Medicine & Rehabilitation

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 57-year-old female, with a reported date of injury of 01/22/2013. The diagnoses include adjustment disorder with mixed anxiety and depressed mood. Treatments to date have included Ativan and Ambien. The follow-up psychiatric consultation report dated 06/03/2014 indicates that the injured worker complained of increased anxiety, tension, and irritability; and increased depression. She denied having suicidal ideation or panic attacks. The mental status examination showed a tense and dysphoric mood, increased smiling, occasional laughing and no weeping, no panic attacks or obsessive rituals, and intact judgment and insight. The treating physician requested Lorazepam 0.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: According to the 11/04/2014 report, this patient presents with increased anxiety, tension, and irritability. The current request is for Lorazepam 0.5mg Quantity 60. The request for authorization and the patient's work status are not included in the file for review. Regarding Benzodiazepines, the MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. In reviewing the medical reports provided, there is no mention of this medication usage; it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treating physician is requesting Lorazepam #60 and does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.