MAXIMUS Federal Services

Case Number:	CM15-0127074		
Date Assigned:	07/13/2015	Date of Injury:	09/04/2002
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old male, who sustained an industrial injury on 9/04/2002. Diagnoses include major depression. Treatment to date has included surgical intervention (lumbar spine 2003) and conservative care including work restrictions, medications, diagnostics, epidural steroid injections, physical therapy and aquatic therapy. Per the Primary Treating Physician's Report dated 6/11/2015, the injured worker reported adequate pain control with Tramadol. His daily activities are somewhat limited due to pain. He tries to go for a walk every day. He occasionally takes Tylenol with Codeine due to the pain. He continues with anxiety, depression and irritability. Mental status examination revealed his mood to be less depressed and his affect appropriate. The plan of care included continuation of his current treatment plan which includes medications and authorization was requested for Bupropion XL, Escitalopram and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepram 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Ativan (lorazepam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." ODG states authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Ativan (lorazepam) is not medically necessary.