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| Case Number: | CM15-0171647 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 03/03/2009 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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:

This 57 year old man sustained an industrial injury on 3-3-2009. The mechanism of injury is not detailed. Diagnoses include chronic post-traumatic stress disorder, severe major depression, and generalized anxiety disorder. Treatment has included oral medications. Physician notes dated 7-7-2015 show complaints of chronic knee and thigh pain rated 8 out of 10 and depression (improved). The physical examination shows a 76 pound weight loss, decreased PHQ-9 depression score from 16 to 8, anxiety rating of 4 out of 10, and ratings of levels of impairment 2-3 out of 4 with the exception of a 0 in self-care and personal hygiene with 4 being the highest level of severity. Recommendations include outpatient psychiatric visits, Brintellix, Zolpidem, Silenor, Lorazepam, Gabapentin, Flector patch, Vothyroxin, Metoprolol, Allopurinol, Norco, stop Vibryd, stop Saphris, stop Bupirone, stop Nefazedone, stop Paroxetine, stop Prazosin, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5 mg #30 with 1 refill prescribed on 8/10/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Based on the 8/10/15 progress report provided by the treating physician, this patient presents with chronic pain in his knees/thighs and recent improvement in his depression since starting new anti-depressant, Brintellix. The treater has asked for Lorazepam 0.5 mg #30 with 1 refill prescribed on 8/10/2015 on 8/10/15. The patient's diagnoses per request for authorization dated 8/10/15 are PTSD, chronic; major depression, single episode, severe; generalized anxiety disorder. The patient's PTSD symptoms include distressing intrusive memories of the accident, nightmares, flashbacks, hypervigilance, exaggerated startle response, avoidance of people/places/things which remind him of the accident per 8/10/15 report. The patient is in worse pain than in previous visit per 7/16/15 report. His nightmares have increased in intensity since the continuity of sleep medicine (Zolpidem and Silenor) was interrupted per 8/10/15 report. The patient's work status is permanent and stationary and is "able to work a few hours a week" which is boosting self-esteem per 8/10/15 report. MTUS Guidelines page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: 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 4 weeks. Treater does not specifically discuss this medication. Prescription history for Lorazepam dates back to 1/26/15 report, and also in reports dated 4/27/15 and 8/10/15. MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks". In addition to the previous 6 months of usage, the current request for Lorazepam #30 with 1 Refill would exceed guideline recommendation, and does not imply short- term use of this medication. Therefore, the request is not medically necessary.