

Case Number:	CM15-0176368		
Date Assigned:	09/17/2015	Date of Injury:	01/07/2014
Decision Date:	10/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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, who sustained an industrial injury on January 7, 2014, incurring neck and back injuries. Cervical Magnetic Resonance Imaging revealed cervical disc height loss at three levels and a lumbar Magnetic Resonance Imaging showed severe degenerative disc disease. She was diagnosed with cervical disc degeneration, right cervical radiculopathy, torticollis and right shoulder impingement syndrome. Treatment included muscle relaxants, anti-anxiety medications, pain medications, proton pump inhibitor, anti-inflammatory drugs, steroids, sleep aides, laxatives, medial branch blocks, cervical collar, and activity restrictions and modifications. Currently, the injured worker complained of severe worsening of persistent neck pain radiating down into the lower back rated 2 out of 10 on a pain scale from 1 to 10 with medications and increased pain to 8 out of 10 without medications. She noted difficulties with self-care, grooming, household chores, walking, shopping and cooking. The treatment plan that was requested for authorization on September 8, 2015, included a prescription for Ativan 1mg #45. On September 4, 2015, a request for the prescription for Ativan was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #45 (Rx08/28/15). 1-2 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Lorazepam (Ativan) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually up to 4 weeks as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam's continued use for the chronic January 2014 injury nor is there documented functional efficacy from treatment already rendered. The Ativan 1 mg #45 (Rx08/28/15). 1-2 times daily as needed is not medically necessary and appropriate.