

<b>Case Number:</b>	CM15-0093497		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	02/05/2001
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic shoulder and elbow pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of February 5, 2001. In a utilization review report dated May 6, 2015, the claims administrator failed to approve a request for lorazepam (Ativan) and Soma. The claims administrator referenced progress notes of March 17, 2015 and April 13, 2015 in its determination, along with a variety of MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant presented to obtain various medication refills. The applicant was using Vicoprofen, Opana, Dilaudid, Valium, and Soma, it was acknowledged. It was suggested that the applicant was using Soma for antispasmodic effect and Valium for anxiolytic effect. The applicant's work status was not detailed. In a progress note dated April 13, 2015, the applicant reported ongoing complaints of left shoulder pain with associated spasms, stiffness, and weakness. Ativan, Soma, and morphine were renewed. The applicant was not working and had been deemed "permanently disabled," the treating provider reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg, 1 refill (Unspecified quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety Medication.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for lorazepam (Ativan), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as lorazepam (Ativan) may be employed for "brief periods," in cases of overwhelming symptoms, here, however, the applicant had been using lorazepam (Ativan) for what appeared to have been a minimum of several months, on a thrice daily basis, for anxiolytic effect. This was not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

**Soma 350mg, 2 refills (Unspecified quantity ): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), Muscle Relaxant (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, however, the applicant was described as using a variety of opioids, including morphine, Opana, Dilaudid, etc. Continuing usage of Soma in conjunction with the same was not indicated. Therefore, the request is not medically necessary.