

Case Number:	CM14-0060037		
Date Assigned:	07/09/2014	Date of Injury:	07/17/2001
Decision Date:	05/28/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 58-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 17, 2001. In a Utilization Review report dated April 8, 2014, the claims administrator failed to approve a request for lorazepam (Ativan), the claims administrator referenced progress notes of February 27, 2014 and April 3, 2014 in its determination. The applicant's attorney subsequently appealed. On an office note of January 30, 2014, the applicant reported issues with large abdominal hernia. The applicant also had ongoing complaints of neck pain radiating to bilateral extremities worsening over time. The applicant was using Tylenol No. 3 and Norco for pain relief. The applicant was considering a cervical fusion surgery, it was reported. The applicant was off of work, was receiving Social Security Disability Insurance (SSDI), it was noted. The applicant was using Lidoderm, glipizide, Ativan, Zestril, Cymbalta, Crestor, metformin, Tylenol, Amrix, Tenormin, and Norco, it was incidentally noted. It was not clearly stated for what purpose the applicant was using lorazepam. The applicant was using lorazepam, Cymbalta, metformin, Amrix, Tenormin, Norco, Zestril, Crestor, Tylenol No. 3, Lidoderm, glipizide, and Lovenox, as of earlier note dated December 19, 2015. On that date, the attending provider acknowledged that the applicant was using Ativan for anxiolytic effect. On November 8, 2013, the applicant was, once again, described using a variety of medications, including lorazepam (Ativan), which the applicant was using for sedative effect, it was stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #45: Upheld

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

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 Guidelines in ACOEM Chapter 15, page 402 does acknowledge that usage of anxiolytics such as lorazepam (Ativan) may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, there was no mention of the applicant's having any overwhelming symptoms of anxiety and/or panic attacks evident on or around the dates in question. Rather, it appeared that the attending provider and applicant were intent on employing Ativan for chronic, long term, and scheduled use purposes, for sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.