

Case Number:	CM13-0025860		
Date Assigned:	11/20/2013	Date of Injury:	02/15/1996
Decision Date:	05/07/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female with a reported date of injury of 02/15/1996. The worker was injured while jumping up and down, trying to remove an inmate's clothing bag from a rack, and tossing down another bag. The injured worker had diagnoses including patellofemoral chondromalacia, knee arthritis syndrome, and lumbar disc herniation. The injured worker was seen on 12/17/2013, note was handwritten and difficult to read. The injured worker was in for a follow-up appointment with complaints of painful lower back and radiculopathy down both legs. The injured worker also had slight left knee pain. Objective findings on exam are reduced range of motion in the lower back and negative straight leg raise. The physician's treatment plan included a request for Lorazepam 2mg. The physician did return the injured worker to full duty on this office visit of 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORAZEPAM 2MG #60, 30 DAY SUPPLY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The California MTUS Guidelines note 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. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The documentation provided did not note the length of time the injured worker has been on the diazepam. Additionally, there was a lack of documentation of the efficacy of the medication as evidenced by significant objective functional improvement with the use of the medication. The request as submitted did not include the frequency of the medication to determine necessity. Therefore, the request is non-certified.