

Case Number:	CM13-0040788		
Date Assigned:	12/20/2013	Date of Injury:	12/09/1995
Decision Date:	03/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine, and is licensed to practice in Utah. 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 physician 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 patient is a 57 year old female. The patient's date of injury is 12/09/1996. The mechanism of injury was not stated in the review. The patient has been diagnosed with Complex Regional Pain Syndrome of the bilateral lower extremities, including severe neuropathic pain, hypertension, type 2 Diabetes mellitus, gastroparesis, chronic headaches, obesity, probable obstructive sleep apnea, insomnia, anxiety, depression and dyslipidemia. The patient's treatments included medications, lumbar laminectomy and pain pump. She presented on 09/27/2013 with anxiety, and was taking lorazepam 0.5mg, and claimed that it was not very effective. It is unclear according to the clinical documents exactly when Lorazepam was started with the patient. I note this medication was given during a hospital stay in Oct 2013, and is not listed in her previous home medication list. There is lack of evidence that the patient has tried any other medication for the treatment of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam (increase present dose to 1mg) three times a day as needed for anxiety: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Pain, Lorazepam (Benzodiazepines).

Decision rationale: MTUS guidelines state "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)." The Official Disability Guidelines, state that Benzodiazepines are to be used primarily as an adjunct for stabilization during initiation of SSRI's or SNRI's. There is no mention of concurrent SSRI or SNRI to be stabilized with the use of Lorazepam. There is lack of evidence that the patient has tried any other medication for the treatment of anxiety. According to the clinical documentation provided and current MTUS guidelines with the Official Disability Guidelines; the increase of Lorazepam, as noted above, is not indicated as a medical necessity to the patient at this time.