

Case Number:	CM14-0100963		
Date Assigned:	07/30/2014	Date of Injury:	01/03/2005
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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:

According to the records made available for review, this is a 43-year-old male with a 1/3/05 date of injury. At the time (6/19/14) of the request for authorization for Lorazepam 1mg Qty 30, there is documentation of subjective (bilateral low back pain radiating into the right buttock, right posterior thigh, and right posterior calf) and objective (lumbar ranges of motion were restricted by pain in all directions; muscle strength is 4/5 in the right quadriceps, tibialis anterior, and iliopsoas; decreased sensation in the right L3 and right L4 dermatome) findings, current diagnoses (right L3 and right L4 radiculopathy with right lower extremity weakness and decreased sensation in the right L3 and right L4 dermatome, right lumbar radiculopathy with right lower extremity weakness, disc protrusion at L4-5 measuring 4 mm with annular disc tear, lumbar disc protrusion at L3-4 measuring 3 mm, central disc protrusion at L4-5 measuring 2-3 mm with annular disc tear and mild right L4-5 neural foraminal stenosis, central disc protrusion at L3-4 measuring 2 mm, lumbar facet joint arthropathy at L3-S1, fluid in the bilateral L3-4 and bilateral L4-5 facet joints, transitional L5-S1 vertebra, lumbar sprain/strain, and depression), and treatment to date (medication including Lorazepam for at least 3 months). There is no documentation of the intended duration of therapy for Lorazepam and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg Qty 30: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right L3 and right L4 radiculopathy with right lower extremity weakness and decreased sensation in the right L3 and right L4 dermatome, right lumbar radiculopathy with right lower extremity weakness, disc protrusion at L4-5 measuring 4 mm with annular disc tear, lumbar disc protrusion at L3-4 measuring 3 mm, central disc protrusion at L4-5 measuring 2-3 mm with annular disc tear and mild right L4-5 neural foraminal stenosis, central disc protrusion at L3-4 measuring 2 mm, lumbar facet joint arthropathy at L3-S1, fluid in the bilateral L3-4 and bilateral L4-5 facet joints, transitional L5-S1 vertebra, lumbar sprain/strain, and depression. However, there is no documentation of the intended duration of therapy for Lorazepam. In addition, given documentation of treatment with Lorazepam for at least 3 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Lorazepam. Therefore, based on guidelines and a review of the evidence, the request for Lorazepam 1mg Qty 30 is not medically necessary.