

Case Number:	CM14-0110435		
Date Assigned:	08/01/2014	Date of Injury:	10/05/2009
Decision Date:	10/17/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal 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:

The injured is a 37 year old woman with reported date of industrial injury of 10/05/2009. Her current diagnosis included complex regional pain syndrome, affecting primarily the left lower extremity. The request was for Lorazepam. No psychiatric referral or consultation was documented. According to the AME on 6/24/2013, the patient did indeed have a long history of pain in the ankle and development of complex regional pain syndrome. She had tried numerous therapies but relief was only partial. On one occasion, she had suffered from an anxiety / panic episode and was seen in the emergency room where benzodiazepine medications were initiated. She clearly was documented to have sleep and mood difficulties along with chronic pain and the recommendation had been for her to see a pain psychologist. These visits had apparently been authorized. These notes were not available but the patient also had undergone physical therapy and referral to podiatry. There was documentation of multiple operations including ORIF of the ankle / peroneus tendon repair. The request is for Lorazepam 1 mg as needed, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #30 with (1) Refill: Upheld

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

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

Decision rationale: Long term benzodiazepine therapy is best conducted under the direction of a mental health professional skilled in the management of such medications in complex patients with psychiatric and pain problems. The patient has seen pain psychology although notes are not available. Given that she has undergone numerous treatments including surgery, physical therapy and a variety of medications, benzodiazepines may bring her relief in terms of anxiety, particularly since she manifested pain symptomatology on one occasion. However, chronic use of these medications in the absence of an appropriate prophylactic pharmacological agent such as an SSRI or NSRI would be inappropriate. Long term sedative use is associated with the risk of psychological and physical dependence, diversion, misuse, inadvertent or intentional overdose and even long term exacerbation of depression. As such, this is a class of medication that should only be managed in the long term by a psychiatrist or other mental health practitioner whose training and experience allow judicious use. Therefore, the request is not medically necessary.