

Case Number:	CM14-0129305		
Date Assigned:	08/18/2014	Date of Injury:	02/08/2008
Decision Date:	09/18/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57 year old female who sustained an injury on 02/06/06 while pushing stacks of covering material with both hands and the upper body. The injured worker felt a sharp low back pain. The injured worker was followed for ongoing complaints of low back pain. There also appeared to be concurrent depression and anxiety issues secondary to chronic pain. The injured worker was seen by doctor on 07/16/14 for a psychopharmacological follow up. At this visit the injured worker was utilizing Ambien 5mg daily, lorazepam .5mg daily, hydrocodone three times daily, Wellbutrin 200mg in the morning, Cymbalta 60mg twice daily and ibuprofen. The injured worker was found to have continued elevated anxiety findings on BAI testing. The injured worker was assessed with major depression and anxiety and was recommended to continue with cognitive behavioral therapy. Medications were continued at this visit including Cymbalta, lorazepam and Ambien. Wellbutrin was discontinued. The requested Lorazepam .5mg quantity 30 for 6 months was denied on 07/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #30 one QD prn x 6 months to titrate or change as needed: Upheld

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

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

Decision rationale: The Chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, this reviewer would not recommend continuing use of this medication. Although not indicated as medically necessary, this medication would require a reasonably period of weaning as recommended by guidelines.