

Case Number:	CM14-0179973		
Date Assigned:	11/04/2014	Date of Injury:	12/17/2009
Decision Date:	12/30/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 12/17/09 while employed by [REDACTED]. Request(s) under consideration include Lorazepam 0.5mg #90, 0 refills. Diagnoses include thoracic/ thoracolumbar intervertebral disc degeneration; cervicalgia; and shoulder region NEC. Past surgical history include s/p shoulder arthroscopy; C4-5 disc replacement; s/p T6-8 fusion. The patient continues to treat for chronic significant pain symptoms rated at rest 7/10 and 9/10 during activities. Exam findings have remained unchanged without progression of deficits of diffuse significant tenderness of the thoracic and lumbar spine; limited range with paresthesias and diffuse diminished sensation and weakness. Reports have also indicated some inconsistencies suggestive of exaggeration with superficial non-anatomical tenderness, distracted SLR and give away weakness. Medications include Fioricet, Lyrica, Doculace, Cymbalta, Naproxen, Percocet, Lorazepam, Advil, and Benadryl. The request(s) for Lorazepam 0.5mg #90, 0 refills was modified for #45 for weaning on 10/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #45, 0 refills: 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): 23.

Decision rationale: The request(s) for Lorazepam 0.5mg #90, 0 refills was modified for #45 for weaning on 10/24/14. Lorazepam is an anti-anxiety medication in the Benzodiazepine family and like other Benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually up to 4 weeks as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam's continued use for the chronic injury nor is there documented functional efficacy from treatment already rendered. Lorazepam 0.5mg #90, 0 refills is not medically necessary and appropriate.