

Case Number:	CM14-0182226		
Date Assigned:	11/07/2014	Date of Injury:	01/05/2008
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice and is licensed to practice in Ohio. 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 54 year old female with cumulative dates of injury between 1-5-2008 and 4-17-2013. She complains of severe neck pain radiating to both upper extremities associated with numbness and tingling. The diagnoses include cervical radiculitis, cervical foraminal stenosis, cervical disc displacement, shoulder impingement syndrome, right sided carpal tunnel syndrome. She also has a history of anxiety and possible irritable bowel syndrome. She has received one cervical epidural steroid injection and is being considered for surgical intervention. The physical exam reveals tenderness to the paracervical musculature, diminished cervical range of motion, and diminished sensation on the right side in the region of C6-T1. The documentation shows that she was given a refill of Lorazepam but no actual strength, quantity, or directions for use are provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam (no dose, frequency or quantity specified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Benzodiazepines

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 day). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. Benzodiazepines are not recommended for first line use by the Official Disability Guidelines but if they are to be used the indications for use should be provided at the time of initial prescription. Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this instance, there is no stated rationale for the prescription of the benzodiazepine Lorazepam. There is no stated dose or quantity requested for the Lorazepam. Therefore, Lorazepam is not medically necessary as requested.