

Case Number:	CM14-0032976		
Date Assigned:	04/18/2014	Date of Injury:	01/17/1995
Decision Date:	07/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 45 year male with a reported injury date of 01/17/1995; the mechanism of injury was not provided. The clinical note dated 03/19/2014 noted that the injured worker is status post extensive lumbar spine surgery, hardware placement, and subsequent removal of unknown dates. It was also noted that the injured worker was in good compliance of his pain management plan but needed a medication refill. Subjective findings included pain level of 9-10/10 without medication and 3-4/10 with medication. Objective findings included decreased range of motion of the lumbar spine measured at 40 degrees of flexion and 20 degrees of extension, negative straight leg raises bilaterally but significant unrated sacroiliac pain with flexion as well as straight leg raising, and moderate myofasciitis. There was no motor or sensory deficits noted. Medications included OxyContin 20mg four times daily, Provigil 200mg twice daily as needed, Aciphex 20mg daily, Wellbutrin SR 200mg daily, Cymbalta 30mg twice a day, Lorazepam 1mg twice daily, and Norco 10/325mg four times a day #120. It was recommended that the injured worker continue the pain management program and receive psychological treatments to cope with pain and situational depression symptoms. The request for authorization forms for Lorazepam tablets, 1mg were submitted on 12/11/2013, 01/15/2014, 02/19/2014 and 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LORAZEPAM TABLETS, 1MG: 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 request for Lorazepam tablets, 1mg is non-certified. It was documented that the injured worker is status post extensive lumbar spine surgery, hardware placement, and subsequent removal of unknown dates and is currently in good compliance with the prescribed pain management plan which includes OxyContin 20mg four times daily, Provigil 200mg twice daily as needed, Aciphex 20mg daily, Wellbutrin SR 200mg daily, Cymbalta 30mg twice a day, Lorazepam 1mg twice daily, and Norco 10/325mg four times a day #120. However, the California MTUS guidelines do not recommended for long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependence and their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Additionally, most guidelines limit use of benzodiazepines to 4 weeks. Based on the documentation provided it is unclear how long the injured worker has been prescribed Lorazepam. However, the injured worker has been taking Lorazepam since at least 11/26/2012. Furthermore, the documentation provided does not clearly show which symptomatology the requested medication is intended to treat. In addition, the urine drug screen collected on 12/11/2013 was negative for Lorazepam. The request also does not specify the number of tablets requested. Due to the above points the request for Lorazepam tablets, 1mg is not medically necessary.