

Case Number:	CM14-0038975		
Date Assigned:	06/27/2014	Date of Injury:	05/04/1987
Decision Date:	08/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 53-year-old female who reported an injury after she was struck by a falling object on 05/04/1987. The clinical note dated 04/11/2014 indicated diagnoses of nerve injury, transformed migraine, trigeminal neuralgia, atypical facial pain, and mixed insomnia. The injured worker reported pain on the left side of the head described as aching, sharp, shooting, and throbbing, rated 4-8/10. She reported constant but variable in intensity. The injured worker reported weight gain, interference with sleep, depression, and she reported she felt anxious. The injured worker reported factors that aggravated her pain were weather change and factors that alleviated pain were exercise, heat, and medication. On physical examination, the injured worker was numb over the lower half of her face on the left side. The injured worker reported she took Valium 2 mg for treatment of complaints. The injured worker revealed a 30% decrease in pain and spasms. The injured worker reported she took Neurontin for treatment of complaints. The injured worker revealed no change in pain. The provider noted a recommendation to discontinue medication of Neurontin. The injured worker had stopped all her opioids. The injured worker's prior treatments included diagnostic imaging, acupuncture, and medication management. The injured worker's medication regimen included Cymbalta, lorazepam, Lunesta, Lyrica, Relpax, and topiramate. The provider submitted a request for lorazepam. A Request for Authorization dated 04/14/2014 was submitted for Lorazepam for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2 mg #45: 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 24 Page(s): 24.

Decision rationale: The request for Lorazepam 2 mg #45 is non-certified. The California MTUS Guidelines does not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker has been on lorazepam since at least 11/14/2013. This exceeds the guideline recommendation for short-term use of 4 weeks. In addition, the request does not indicate a frequency for the lorazepam. Therefore, the request is not medically necessary.