

Case Number:	CM14-0045195		
Date Assigned:	07/02/2014	Date of Injury:	05/04/1987
Decision Date:	08/27/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/14/2014

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 and 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 a reported date of injury on 05/04/1987. The injury reportedly occurred when the injured worker was struck by a falling object. Her diagnoses were noted to include nerve injury, transformed migraine, trigeminal neuralgia, atypical facial pain, and mixed insomnia. Previous treatments were noted to include exercise, physical therapy, heat, and medications. The progress note dated 06/13/2014 revealed the injured worker complained of head and neck pain. The physical examination was not submitted within the medical records. The progress note dated 05/15/2014 revealed the injured worker complained of head pain rated 4/10 to 8/10. The physical examination revealed numbness over the lower half of her face to the left side. Her medication regimen was noted to include Ambien CR 12.5 mg 1 at bedtime, Fluticasone 50 mcg/actuation nasal spray inhale 4 sprays every day, Lorazepam 2 mg 1 twice a day by mouth, Nasonex 50 mcg/actuation spray 2 sprays intranasal daily, Relpax 40 mg 1 by mouth as needed, Topiramate 25 mg 2 tablets twice a day, and tramadol 50 mg 1 every 6 to 8 hours as needed. The request for authorization form was not submitted within the medical records. The request is for Lorazepam 2 mg 1 tablet 3 times a day for 30 days #90 for pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg Take 1 Tab 3 x a day for 30 days #90: 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): 24.

Decision rationale: The injured worker has been utilizing this medication since at least 11/2013. The Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for long-term use because long efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the range of action includes sedative/hypnotic, anxiolytic, anticonvulsants, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsants and muscle relaxant effects occurs within weeks. The injured worker has been utilizing this medication for over 6 months and the guidelines recommend short-term use of benzodiazepines because long-term use is unproven and there is a risk of dependence. Additionally, there is a lack of documentation regarding efficacy of this medication. Therefore, the request is not medically necessary.