

Case Number:	CM14-0072865		
Date Assigned:	06/30/2014	Date of Injury:	08/04/1989
Decision Date:	07/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine 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:

The claimant was injured on 08/04/89 and a prescription for lorazepam was requested and was modified. The request was for 2 mg #30 and it was modified to 2 mg #24. The claimant suffers from chronic multi-region pain including low back pain with radiation to the lower extremities. He saw [REDACTED] on 03/13/14 and had restricted cervical range of motion and facet mediated pain with decreased sensation over the left C8 distribution, positive Tinel's over the left wrist or cubital fossa on a slow gait. Motor strength and deep tendon reflexes were within normal limits. He has had cervical and lumbar ESI's, methadone, anti-inflammatories and land-based physical therapy. There was a request for lorazepam and fentanyl. Continuation of lorazepam was allowed but the request was modified to allow for tapering. Fentanyl was also ordered. On 03/13/14, the note states that the claimant have been denied all if not most of his pain medications. He complained of exacerbation of his body pain especially in his low back with radiation to the lower extremities. He had previously failed cervical and lumbar ESI, methadone, anti-inflammatories and land PT. Without his medications he was mostly bedridden. With his medications he was able to do his gardening and care for his dogs and perform housework. His medications included Soma, Voltaren gel, lorazepam, fentanyl, and Norco. He was in no apparent distress. He had positive facet signs and limited active range of motion. Spurling's was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The indications for the use of lorazepam in this patient in combination with multiple other medications have not been described and cannot be ascertained. The MTUS state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The claimant has been using this medication for a prolonged period of time and weaning is essential. The request is not medically necessary as written.