

Case Number:	CM14-0081926		
Date Assigned:	07/18/2014	Date of Injury:	01/25/2000
Decision Date:	08/27/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation, 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:

According to the medical records, the patient is a 51-year-old male who sustained an industrial injury on 1/25/2000, to the low back and right shoulder when pushing a wheel barrel. He has been given the diagnoses of lumbar post-laminectomy syndrome, left lumbar radiculopathy and chronic pain syndrome with opioid tolerance. Psyche has been accepted as an injury. According to the available documentation, a previous peer review was completed on 2/24/2014, and modification was determined for the request of Flurazepam 30mg qhs #30, to allow #15 for weaning purposes. A previous peer review was completed on 2/24/2014, and modification was determined for the request of Lorazepam 1mg tid prn #120, to allow Lorazepam #60 for weaning. Regarding both requests, it was determined that Benzodiazapines are only indicated for limit of 4 weeks. A previous peer review was completed on 4/29/2014, and modification was determined for the request Lorazepam 1mg tid prn #120, to allow this one refill for weaning to discontinue with reduction of 10 percent per week over a weaning period of 2-3 months. The patient had been prescribed lorazepam since May 2013. It was determined that continued and long term use is not supported by the guidelines. Additionally, the patient is being prescribed Flurazepam, and the medical records do not establish medical necessity of two benzodiazepines. According to the 5/28/2014 report by [REDACTED], the patient was seen for pain management follow-up. He continues to complain of severe intractable low back pain with radiculopathy. He previously had lumbar laminectomy but continues to be symptomatic. He recently had an orthopedic consultation with [REDACTED] who reportedly recommended updated lumbar MRI and x-rays. He continues to rely on medications to help with pain and keep him functional. He continues to find the regimen helpful. He continues under the care of [REDACTED] for management of depression and psychotropic medications. He rates overall pain as 6-7/10. Current medications are OxyContin (denied by insurance), Norco 10/325 up to 6 per day, Zanaflex 4mg twice per day

(which has not adequately helped spasm), lorazepam, busirone and Flurazepam prescribed by [REDACTED]. Physical examination documents severe tenderness with palpation over L4-5 and L5-S1 worse on the left side than right, lumbar range of motion limited between 30-50% with guarding, on manual muscle testing 4/5 muscle strength in left hip flexion, left knee flexion and extension, left ankle dorsiflexion and plantarflexion. Straight leg raising left positive in the left lower extremity at 45 degrees in a sitting position. The patient is recommended to continue his current medications, he is provided refills for Norco and zanaflex, also advised to follow-up with his psychiatrist for management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg TID #120 .: 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: According to the California MTUS guidelines, Benzodiazepines is not recommended for longterm 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. Tolerance to hypnotic effects develops rapidly. 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. According to the evidence-based guidelines, lorazepam is not recommended. With benzodiazepines, there is risk of dependence, addiction, and it is a major cause of overdose Use of benzodiazepines is generally limited to 4 weeks. Continued use of lorazepam is not supported by the guidelines and is not medically necessary. This patient has been on lorazepam since May 2013. Prior peer reviews have addressed the requests for ongoing use of Lorazepam, with recommendation for weaning. Most recently, the peer review on 4/29/2014 modified the requested lorazepam #120 prn, to allow that one refill for the purpose of weaning to discontinue with reduction of 10 percent per week over a weaning period of 2-3 months. By this time, the patient should be continuing active slow weaning from lorazepam, which is recommended and supported by the evidence-based guidelines. The medical records do not establish the patient presents with any subjective complaints and corroborative objective findings that substantiate relevant extenuating circumstances that establishes the medical necessity of the prescription and ongoing use of lorazepam, a medication that is not recommended under the evidence-based guidelines. Therefore, the request is not medically necessary.