

Case Number:	CM14-0092862		
Date Assigned:	07/25/2014	Date of Injury:	08/09/2000
Decision Date:	09/26/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 Internal 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 injured worker is a 58 year old male injured on 08/09/00 due to undisclosed mechanism of injury. Diagnoses included chronic pain syndrome, status post cervical fusion, and HNP of cervical spine and lumbar spine. Clinical note dated 06/17/14 indicated the injured worker presented complaining of neck pain and back pain rated 4/10 increased following significant drop in opiate use. The injured worker reported increase in burning in feet. The injured worker reported bilateral upper extremities numbness and tingling and pain in the hands and bilateral lower extremities numbness, tingling, and pain in the feet. The injured worker was in the process of weaning opioid medications. The injured worker reported without medications pain level 8-9/10 and with medications 4/10. Objective findings included normal gait, bilateral paraspinal tenderness extending to mid-back on palpation of cervical spine and lumbar spine, decreased range of motion of cervical spine and lumbar spine, decreased left C5-7 dermatomes, decreased left L4-S1 dermatomes, 4/5 bilateral upper extremities and lower extremities muscle strength, and hyper reflexive bilaterally throughout. The injured worker was under care of psychiatrist for Lorazepam and amphetamine salts. Intent to decrease Percocet from six times a day to five times a day for further weaning. Medications included Duragesic 25mcg Q72 hours, Percocet 10/325mg, Zanaflex 4mg BID, and Ketoprofen 75mg TID. The initial request for Lorazepam 1mg #30 30 day supply was denied on 05/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg, quantity #30, thirty day supply.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,124. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter : Weaning of benzodiazepines.

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. There was no documentation from the prescribing physician regarding medication efficacy, ongoing utilization, and injured worker mental status as a result of medication use. As such the request for Lorazepam 1 mg, quantity #30, thirty day supply is not medically necessary.