

Case Number:	CM14-0189650		
Date Assigned:	11/20/2014	Date of Injury:	08/06/2002
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 45 year old male with an injury date of 06/06/02. Based on 10/24/14 progress report, the patient is status post lumbar surgery (surgery date not available). He complains of chronic pain in the lumbar spine that radiates to legs. The patient also complains of headaches. Physical examination of the cervical spine reveals tenderness of the paravertebral muscles bilaterally along with stiff and guarded range of motion. Physical examination of the lumbar spine reveals loss of lordosis with straightening of the lumbar spine and surgical scars. There is no range of motion due to fusion. There is tenderness to palpation and spasm in the paravertebral muscles bilaterally along with spinous process tenderness at L1, L2, L3, L4 and L5. FABER test is positive and straight leg raise is positive bilaterally. There is tenderness of bilateral gluteus muscles and sacroiliac joints. The patient uses Fiorinal to prevent headaches, as per progress report dated 10/24/14. Other medications, as per the same progress report, include Ambien, Butalb-caff-acetaminoph-codein, Levitra, Lorazepam, Nexium, Zoloft, Hydrocodone-acetaminophen, Buprenorphine, Maxalt and Nucynta. The patient is permanently disabled, as per progress report dated 10/24/14. The patient's diagnoses on 10/24/14 included:- Lumbar post laminectomy- Encounter for long-term use of other medications- Lumbar radiculitis- Chronic migraine without aura. The treater is requesting for Lorazepam 2 Mg Quantity 60.00 (1 Twice Daily). The utilization review determination being challenged is dated 11/03/14. The request was modified. The denial letter stated that "Quantity: 45 is recommended to begin the weaning process." Treatment reports were provided from 04/18/14- 10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg quantity 60.00: 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(s): 24.

Decision rationale: MTUS guidelines state on page 24 that benzodiazepines such as Xanax 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. 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." In this case, the prescription for Lorazepam is being noted consistently since 05/08/14. Progress report dated 10/24/14 states that the medication is being prescribed for anxiety. In progress report dated 08/08/14, the treater states about Lorazepam that "taking less than 2 a day makes a difference in the number of anxiety attacks." However, the available progress reports do not indicate a diagnosis of anxiety disorder nor does the treater discuss anxiety symptoms. Moreover, MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks." The request exceeds the recommended time period. The request for Lorazepam 2mg quantity 60.00 is not medically necessary.