

Case Number:	CM14-0190608		
Date Assigned:	11/24/2014	Date of Injury:	04/11/2003
Decision Date:	01/09/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation and is licensed to practice in Wisconsin. 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 44-year-old male who reported an injury on 04/11/2003. The mechanism of injury was not documented within the clinical notes. The diagnoses included left knee osteoarthritis and major depressive disorder. The past treatments were noted to include physical therapy. There was no official diagnostic imaging studies submitted for review. There was no surgical history documented within the clinical notes. The subjective complaints on 09/09/2014 included back pain and knee pain. The physical examination noted that the patient is depressed. The injured worker's medications were noted to include Lexapro 10 mg, Lorazepam 1 mg, Lamotrigine 200 mg, and Seroquel 50 mg. The treatment plan was to continue and refill the medications. A request was received for 1 prescription of Lorazepam 1 mg #40. The rationale was not documented within the clinical note. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Lorazepam 1 mg # 40: 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 request for one prescription of Lorazepam 1 mg # 40 is not medically necessary. The California MTUS Chronic Pain Guidelines do not recommend the use of benzodiazepines for long term use due to unproven long term efficacy and a risk of dependence. The guidelines limit the use of benzodiazepines to 4 weeks due to rapid tolerance development. It is documented in the clinical notes that the injured worker has been on Lorazepam 1 mg since at least 04/15/2014. The request as submitted exceeds the guideline recommendation of 4 weeks of use. Given the above information, the request is not supported by the evidence based guidelines. Therefore, the medication requested is not medically necessary and appropriate.