

Case Number:	CM14-0196903		
Date Assigned:	12/04/2014	Date of Injury:	07/09/2013
Decision Date:	01/29/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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, 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 43-year-old male with an injury date of 07/09/2013. Based on 08/14/2014 progress report, the patient complains of pain in his lower back and bilateral knees. He rates his current activity level as moderate. The 09/08/2014 report indicates that the patient has lumbar spine pain with radiating symptoms into the lower extremities. In regards to the lumbosacral spine, the patient has mild to severe pain with restricted range of motion by 50%. Straight leg raise is positive bilaterally, particularly on the right side. He has decreased sensation across the right S1 distribution. The patient also complains about both knees. The 10/10/2014 report states that the patient has anxiety, tension, irritability, depression. His memory and concentration is somewhat impaired. No additional positive exam findings were provided on this report. The 05/08/2014 MRI of the lumbar spine revealed that at L5-S1, there is a posterior annular tear with a 3-mm right foraminal disk protrusion with abutment of the exiting right L5 nerve root. At L4-L5, there is a 3-mm circumferential disk protrusion resulting in abutment of the descending L5 nerve roots bilaterally as well as abutment of the exiting right and left nerve roots. The patient's diagnoses include the following: 1. Cervicothoracic lumbar strain. 2. Right lumbar radiculopathy. 3. Annular tear at L4-L5 and L5-S1 level. 4. Herniated nucleus pulposus, L4-L5 and L5-S1 level. The utilization review determination being challenged is dated 10/31/2014. Treatment reports were provided from 04/18/2014 - 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam Quantity:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, weaning of medications Page(s): 24, 124,.

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

Decision rationale: According to the 09/08/2014 report, the patient presents with lumbar spine pain with radiating symptoms into the lower extremities. The request is for Lorazepam #60. Lorazepam (trademarked as Ativan or Orfidal) is a high-potency, intermediate-duration, 3-hydroxy benzodiazepine drug, often used to treat anxiety disorders. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." None of the reports provided have a discussion regarding lorazepam or its efficacy. The patient has been taking lorazepam as early as 06/05/2014. MTUS page 24 states 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 the use to 4 weeks." The patient has been taken lorazepam for over 4 weeks, which exceeds MTUS Guidelines. The request for Lorazepam is not medically necessary.