

Case Number:	CM14-0197582		
Date Assigned:	12/05/2014	Date of Injury:	12/28/2011
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, 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 39 year old female with the injury date of 12/28/11. Per physician's report 11/13/14, the patient has neck pain. The lists of diagnoses are: 1) Cervical radiculopathy 2) Chronic pain syndrome Per 09/11/14 progress report, the patient is taking Dexilant, Gaviscon, Miralax, Colace and Probitotics. The treater advised the patient to avoid NSAIDs. The lists of diagnoses are: 1) Abdominal pain 2) Acid reflux, secondary to NSAIDs; rule out gastritis 3) Constipation, secondary to narcotics 4) Obesity 5) Gallstones 6) Sleep disorder 7) Psychiatric diagnosis 8) Orthopedic diagnosis Per 07/03/14 progress report, the patient is taking Dexilant, Miralax, Colace, Probitotics, and Gaviscon. "Topical creams (Flurbiprofen 20%/ tramadol 20%, gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10%) are prescribed to help decrease NSAIDs and opiate usage." The utilization review determination being challenged is dated on 10/30/14. Treatment reports were provided from 04/23/14 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam TAB 0.5mg QTY: 30 Day Supply: 30: Upheld

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

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

Decision rationale: The patient presents with pain in her neck. The treater mentions psychiatric diagnosis but none of the reports indicate details of psychiatric problems. The request is for Lorazepam 0.5mg #30. 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 specifically discusses this medication. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. The utilization review letter 10/30/14 partially certified Lorazepam 0.5mg #27 "to facilitate progress [vie] wean[ing] at 10% per week, and this certification expires on 11/30/14." It would appear that this medication was provided on a long-term basis for the patient's chronic pain condition. The request of Lorazepam 0.5mg #30 is not medically necessary.