

Case Number:	CM14-0200909		
Date Assigned:	12/11/2014	Date of Injury:	10/01/2013
Decision Date:	01/29/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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 40-year-old male, with a reported date of injury of 10/01/2013. The result of the injury was pain in the right upper extremity, after pushing and lifting a box onto a truck. The current diagnoses included chronic flexor tendinitis of the right wrist; and right lateral humeral epicondylitis. The past diagnosis included right carpal tunnel syndrome; right elbow epicondylitis; right knee tendinopathy; and right knee chondromalacia. Treatments have included physical therapy, with little improvement; brace; medication; electromyography (EMG) of the upper extremities on 12/12/2013; two (2) cortisone injection to the right elbow, which failed; carpal tunnel release on 02/20/2014; and an MRI of the right wrist on 02/20/2014, which showed some joint swelling and a ganglion. The orthopedic evaluation dated 09/17/2014 indicated that the injured worker complained of right elbow pain and stiffness, right hand stiffness and weakness, left hand pain with gripping, and left elbow pain with gripping. A physical examination of the right elbow showed localized pain over the lateral humeral epicondylar area; an examination of the left elbow showed no pain with palpation; no pain in the ulnar groove; and full range of motion. The examination of the right wrist and hand showed hypersensitivity and paresthesias involving the median nerve. An examination of the left wrist showed no pain; and full range of motion. The medical records provided for review do not include the recent medical report from which the Utilization Review request originates. On 11/07/2014, Utilization Review (UR) modified the request for Lorazepam 2mg #30 to Lorazepam 2mg #10 for weaning and discontinuation. The UR physician cited the Chronic Pain Guidelines and the Official Disability Guidelines. The UR physician noted that the medical records did not indicate a diagnosis of anxiety or explain the medical need of a benzodiazepine medication. The ongoing use was not supported. His medication list includes Omeprazole and Tylenol. He has had X-rays and EMG of the upper extremity that revealed mild right CTS on 12/12/13 for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: Lorazepam is a benzodiazepine. According to MTUS 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. Their range of actions 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 trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Lorazepam 2 mg, thirty counts is not fully established in this patient.