

Case Number:	CM14-0202144		
Date Assigned:	12/12/2014	Date of Injury:	04/19/2009
Decision Date:	02/04/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/03/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 51 year old female with date of injury of 4/19/2009. A review of the medical records indicate that the patient is undergoing treatment for bilateral occipital neuralgia and myofascial pain syndrome. Subjective complaints include neck pain on left side, radiating to left shoulder and upper neck pain radiating around the skull and triggering frequent headaches. Objective findings include limited range of motion of the neck with tenderness to palpation. Treatment has included NSAIDS, aspirin, gabapentin, and trazodone, cyclobenzaprine, fenoprofen, and Norco. The utilization review dated 11/14/2014 non-certified Lorazepam 1mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: MTUS states that benzodiazepine (ie Lorezapam/Xanax) is "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." The request is for use beyond the 4 week limit. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Lorezapam #90 is not medical necessary.