MAXIMUS Federal Services

Case Number:	CM14-0203146		
Date Assigned:	12/15/2014	Date of Injury:	04/11/2003
Decision Date:	02/06/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/04/2014

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 Psychiatrist (MD) 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:

This 44 year old male reportedly sustained a work related injury on April 11, 2003. Diagnoses include bilateral knee arthritis, panic disorder, anxiety disorder, depression, chronic pain, insomnia and orthopedic derangement. Primary treating physician visit dated October 30, 2014 provides the injured worker continues with bilateral knee pain right worse than left. He has undergone right knee cortisone injection with limited effect and bilateral lubricant injections. Physical exam reveals crepitance in left knee with swelling there is bilateral tenderness and both knees have good stability. Plan is to continue lubricant injections and use knee braces as needed. Medication is listed as Seroquel, Lamotrigine, Lexapro and Lorazepam. Psychiatry visit on November 14, 2014 notes the injured worker is anticipating increased pain due to colder weather and that use of medication assists with positive attitude related to his physical problems.On December 1, 2014 utilization review modified a request dated November 25, 2014 for Lorazepam 1mg #30 with 3 refills. Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were cited in the determination. Application for independent medical review (IMR) is dated December 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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 action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Valium 10mg qhs on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) The request for a 4 month prescription of Lorazepam 1mg #30 with 3 refills is excessive and not medically necessary as the guidelines limit the use of Benzodiazepines to 4 weeks only.