

<b>Case Number:</b>	CM14-0203148		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old, female patient, who sustained an industrial injury on 08/31/2011. A primary treating office visit dated 11/11/2014 reported presenting complaints of neck pain that radiated into bilateral trapezius and down the right arm through the elbow to the hand. The pain is rated a 2-3 out of 10 in intensity and increases to a 5-8 out of 10 without medications. Physical examination found the cervical spine and upper extremities without evidence of thenar or hypothenar atrophy. There is evidence of tenderness over three cervical paraspinal musculature; right greater than left. There is also tenderness over the trapezius musculature, right greater. There was note of a mild subluxing of the ulnar nerve on the right and positive Tinel's right at the cubital tunnel. Diagnostic studies found 03/19/2014 magnetic resonance a 3mm broad bases posterior disc protrusion at C5-6. Mild central canal stenosis; moderate neural foraminal stenosis; uncovertebral and facet joint degenerative changes, bilaterally; mild degenerative disc disease and minimal retrolisthesis of C5 on C6; multi-level disc desiccation from C2-3 inferiorly through C5-6; suspect diffuse osteopenia; a 1cm right thyroid lob nodule; a 1.2cm suspected mass within the superior mediastinum and a 1cm mass in the subcutaneous soft tissue posteriorly. The diagnoses included right cervical radiculopathy; C5-6 disc degeneration with moderately severe foraminal stenosis and right cubital tunnel syndrome. She was given a prescription for Lorazepam 1MG daily and Meloxicam 7.5 daily. On 11/25/2014, Utilization Review, non-certified the request, noting the CA MTUS, chronic Pain, Benzodiazapines and the ODG, Pain, Benzodiazapines were cited. The injured worker submitted an application for independent medical review of service requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam tab 1mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain (Chronic)Benzodiazepine.

**Decision rationale:** The injured worker sustained a work related injury on 08/31/2011. The medical records provided indicate the diagnosis of right cervical radiculopathy; C5-6 disc degeneration with moderately severe foraminal stenosis and right cubital tunnel syndrome. She was given a prescription for Lorazepam 1MG daily and Meloxicam 7.5 daily. The medical records provided for review do indicate a medical necessity for Lorazepam tab 1mg. While both the MTUS and the Official Disability Guidelines recommends against using the benzodiazepines for longer than 4 weeks in the management of chronic pain, this request is for 30 days (about 4 weeks), which is within the limits recommended by the two Guidelines, when used in the treatment of chronic pain.