

Case Number:	CM14-0206901		
Date Assigned:	12/18/2014	Date of Injury:	08/15/2008
Decision Date:	02/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 52 year old female with an injury date of 08/15/08. Based on the 10/27/14 progress report, the patient has tenderness on palpation of the lumbar spine. There is paraspinal muscle tenderness in the lumbar spine musculature and has decreased range of motion. The straight leg raising test is positive and the patient has tenderness to palpation and stress testing of the left sacroiliac joint. The hip joint is painful with motion and the gait is limping, shuffling, slowed and wide-based. The patient seems confused and cannot accurately determine. The patient's insight and judgment is poor. The current medications are Lidoderm 5% patch, Miralax Packet, Soma, Duocolax, Colace, Neurontin, Ambien Cr, Oxycodone, Cymbalta, Nortriptyline Hcl, Ativan, and Norco. The diagnoses include following: 1. Lumbargo 2. Sciatica 3. Internal vertebral disc disorder 4. Extrapyramidal Diseases and Abnormal Movement not otherwise specified 5. Joint pain-pelvis 6. Pain in limb 7. Superior Glenoid Labrum Lesions 8. Contusion of hip The treating physician is requesting for Lorazepam tablet 1mg #30. The utilization review determination being challenged is dated 11/11/14. The requesting physician provided treatment reports from 05/09/14-11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam Tab 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 124.

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

Decision rationale: This patient presents with lumbar spine pain and hip pain with psychiatric symptoms. The request is for Lorazepam tablet 1mg #30. The utilization review letter shows the request is certified with modification to "#15 for weaning to off over the next two months." Lorazepam is in a group of drugs called Benzodiazepines. MTUS page 24 states that Benzodiazepines 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." ODG guidelines, pain chapter states that "not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction." ODG guidelines Mental Illness chapter, under benzodiazepine section also states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids." Review of reports shows that the treater prescribed Ativan since 10/03/14 and on the next visit 10/10/14, the treater states that the patient has "still poor memory, troubled by feeling sound of a car rushing across/thru her head." The reports dated 10/13/14, 10/17/14, and 10/27/14 listed Ativan as current medication and indicate a long-term use. The guidelines do not support more than 2 weeks of this class of medication for any condition. The request is not medically necessary.