

Case Number:	CM14-0208794		
Date Assigned:	12/22/2014	Date of Injury:	06/22/2008
Decision Date:	02/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50-year-old female who sustained an injury on June 22, 2008. (A second injury was noted). The mechanism of injury is a continuous trauma situation. The progress note dated July 8, 2014 is handwritten and mostly illegible. A decrease in lumbar spine range of motion is appreciated. Plain films when they were obtained. There is a subsequent request for treatment noting diagnoses as a sprain/strain of the lumbar spine. A psychological report dated November 4, 2014 sought a reconsideration for medication Lorazepam. It was the position of the author that secondary to a prescription being by psychiatrist medication should be continued. October 16, 2014 the requesting provider noted that the injured worker had bilateral knee tricompartmental osteoarthritis. Also noted was a disc protrusion of 2 mm at multiple levels in the lumbar spine. It is noted that the workers being treated for depression, anxiety and stress related medical complaints. The diagnosis have remained unchanged and the overall status is stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg Count #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Chronic Pain-Benzodiazepines, Anxiety medications in chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines (p. 24) regarding benzodiazepines, "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. Per review of the submitted documentation, the injured worker was using this medication during multiple progress reports, and she still experienced depression and anxiety. Additionally there is no documentation of sleep hygiene. The records do not contain any documentation of positive response in terms of the anxiety issues. As the treatment is not recommended for long term use, and was not noted to be efficacious, the request is not medically necessary.