

Case Number:	CM14-0209155		
Date Assigned:	12/22/2014	Date of Injury:	11/17/2011
Decision Date:	02/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine 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 injured worker (IW) is a 51-year-old man with a date of injury of November 17, 2011. The mechanism of injury occurred when the IW fell off a ladder. The injured worker's working diagnoses are sprain lumbar region; and sprain sacroiliac. The IW underwent right shoulder surgery on June 14 of 2012 and March 12, 2013. Pursuant to the progress noted dated December 1, 2014, the IW complains of right shoulder pain. The pain is interfering with his sleep. He is considering another surgery. He reports his sleep medications have been discontinued. He is requesting something on a short-term basis to help him sleep. Current medications include Ibuprofen 800mg, Norco 10/325mg, Flexeril 10mg, and Oxycodone 15mg. Objectively, the cervical spine is non-tender with full range of motion (ROM). Right shoulder exam reveals tenderness in the anterior bicipital groove. Lateral abduction is limited to 120 degrees with mild tenderness. The treating physician is recommending Lorazepam 5mg #30 at bedtime as need for insomnia due to right shoulder pain. It appears from the documentation that Lorazepam is newly prescribed/requested. There is no treatment plan in the medical record regarding the duration the IW will be taking Lorazepam. The current request is for Lorazepam 5 mg #30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 5mg # 30 with 3 refills: Upheld

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

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 Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 5 mg #30 with three refills is not medically necessary. Benzodiazepines are 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. Most guidelines limit use to four weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, the injured worker's working diagnoses are sprain lumbar region; sprain sacroiliac. The injured worker was a 51-year-old with a date of injury November 17, 2011. The injured worker underwent right shoulder surgery on June 14 of 2012 and March 12, 2013. Current medications include ibuprofen, Norco, Flexeril and oxycodone. It appears from the documentation Lorazepam is newly prescribed/requested. Lorazepam, a benzodiazepine, is not recommended for long-term use (longer than two weeks. Consequently, a short-term treatment plan would be reasonable not to exceed two weeks. There is no treatment plan in the medical record regarding the duration and directions of Lorazepam. The utilization review indicated Lorazepam 5 mg #30 was approved without refills. Based on the medical record and peer-reviewed evidence-based guidelines, Lorazepam 5 mg #30 with three refills is not medically necessary.