

Case Number:	CM15-0100567		
Date Assigned:	06/05/2015	Date of Injury:	06/28/1992
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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 was a 54 year old male, who sustained an industrial injury, June 28, 1992. The injured worker previously received the following treatments lumbar epidural steroid injection, SCS implant (spinal cord stimulator) implant and removal, Soma, Prilosec, Oxycontin, Anaprox, Valium, Lorazepam, provocative discogram, lumbar spine MRI and detoxification program. The injured worker was diagnosed with lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, left greater than the right, reactionary depression and anxiety, status post posterior interbody fusion at L4-L5 and L5-S1, hardware removal, status post fusion of L2-L2. According to progress note of April 24, 2015, the injured workers chief complaint was lower back pain with radicular symptoms of the left lower extremity, which limited mobility and activity tolerance. The injured worker rated the worse pain at 9 out of 10. The injured worker's pain level was 5-6 out of 10 at this visit. The physical exam noted tenderness with palpation along the lumbar musculature with muscle rigidity noted along the lumbar paraspinal muscles bilaterally. The injured worker walked with an antalgic gait favoring the left lower extremity. There was decreased range of motion in both flexion and extension secondary to pain. The straight leg raises were positive bilaterally. There was decreased sensation of the Wartenberg pinprick on the left posterior lateral thigh and posterior lateral calf on the left. The physical examination of the cervical spine noted tenderness to palpation along the posterior cervical musculature with muscle rigidity noted bilaterally. There was decreased range of motion with flexion and extension secondary to pain. The treatment plan included a prescription for Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #30: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on June 28, 1992. The medical records provided indicate the diagnosis of lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, left greater than the right, reactionary depression and anxiety, status post posterior interbody fusion at L4-L5 and L5-S1, hardware removal, status post fusion of L2-L2. Treatments have included lumbar epidural steroid injection, SCS implant (spinal cord stimulator) implant and removal, Soma, Prilosec, Oxycontin, Anaprox, Valium, Lorazepam. The medical records provided for review do not indicate a medical necessity for Lorazepam 1mg #30. Lorazepam is a benzodiazepine sedative hypnotic. The MTUS does not recommend the use of this group of drugs for longer than 4 weeks, but the medical records indicate the injured worker has been using this for some time. Therefore the request is not medically necessary.