

Case Number:	CM15-0131341		
Date Assigned:	07/17/2015	Date of Injury:	08/29/2009
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/07/2015

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 36 year old female with an industrial injury dated 08/29/2009. The injured worker's diagnoses include right shoulder impingement, right shoulder partial tendon tear, right shoulder rotator cuff tendonitis, and chronic right shoulder pain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/28/2015, the injured worker reported right shoulder pain with radiation to the right elbow and into the fingers. Objective findings revealed restricted right shoulder range of motion due to pain, right shoulder girdle atrophy, positive right shoulder impingement signs, right shoulder pain, tenderness to palpitation, positive Speed's test, positive crossover test, and positive right shoulder provocative maneuvers. The treatment plan consisted of medication management and follow up appointment. The treating physician prescribed Lorazepam 1mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are 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, anti-convulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Lorazepam 1mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Lorazepam 1mg #60 is excessive and not medically necessary as guidelines recommend that the use of benzodiazepines should be limited to 4 weeks.