

Case Number:	CM15-0141171		
Date Assigned:	07/30/2015	Date of Injury:	06/14/2006
Decision Date:	08/27/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on June 14, 2006. The injured worker reported that a strap connected to a truck became unattached causing a rotator cuff injury to his right shoulder. The injured worker was diagnosed as having status post multiple shoulder surgeries with nerve decompression, chronic shoulder pain, and shoulder joint degenerative changes. Treatment and diagnostic studies to date has included physical therapy, medication regimen, x-rays of the right shoulder, and use of a shoulder immobilizer. In a progress note dated June 22, 2015 the treating physician reports complaints of pain to the right shoulder with exacerbations. Examination reveals decreased range of motion to the shoulder with pain. The injured worker's medication regimen included Dilaudid, Percocet, and Lorazepam. The documentation provided did not indicate the injured worker's current pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any current functional improvement with use of his medication regimen. The treating physician requested the medication Lorazepam 1mg with a quantity of 45 with 0 refills, noting current use of this medication at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #45 Refills 0 (prescribed 6/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Lorazepam (Benzodiazepines).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the indication for use was not specified. Previously, Soma was used for spasms and currently replaced in the medication list with Lorazepam. Long-term use of medications for spasms as well as Benzodiazepines for this purpose is not recommended. The Lorazepam as prescribed is not justified and is not medically necessary.