

Case Number:	CM15-0149403		
Date Assigned:	08/12/2015	Date of Injury:	03/06/2004
Decision Date:	09/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on March 6, 2004. She reported severe pain in her neck, shoulders, back, legs and knees along with swelling in her hand, arm and elbow. The injured worker was recently diagnosed as having chronic pain syndrome, low back pain, degeneration of lumbar intervertebral disc, degeneration of cervical intervertebral disc, knee pain, effusion of joint of hand, depressive disorder, psychalgia and anxiety state. Treatment to date has included a walker-seat, medications, diagnostic studies and psychiatric treatment. Her Lidoderm patches were reported to decrease her pain by 30% allowing her a better ability to move and perform activities of daily living. Gabapentin medication was noted to reduce her pain significantly. On June 18, 2015, the injured worker complained of whole body pain. The treatment plan included medications. On July 2, 2015, progress notes stated that a recent MRI showed new changes to the lumbar region of the spine. She was noted to be waiting to see an orthopedic surgeon to have her lumbar spine and knees evaluated. On July 16, 2015, Utilization Review non-certified the request for Lorazepam 0.5mg #60 with one refill, however, one month allowed for weaning. The California MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #60 with 1 refill: 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: Per MTUS Chronic Pain Medical Treatment Guidelines p24 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. The documentation submitted for review indicates that the injured worker has been using this medication long term for anxiety. As the treatment is not recommended for long-term use, the request is not medically necessary.