

Case Number:	CM15-0163808		
Date Assigned:	09/01/2015	Date of Injury:	11/18/2009
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/20/2015

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: 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 is a 53 year old female who sustained an industrial injury on 11-18-09 when she lifted a container injuring her back with pain radiating to her left hip. Her current psychiatric complaints include anxiety, irritability, depression, crying episodes, insomnia due to pain, impaired memory and concentration, panic attacks, low energy, increased appetite. Her physical complaints include left lower back pain radiating into the buttocks, bilateral hips and lower extremities on the right as throbbing and left as numbing; right hip pain. On physical exam of the lumbar spine there was tenderness, moderate muscle spasms, facet joint tenderness, decreased range of motion, positive Kemp's test bilaterally. Medications were Wellbutrin, Ativan, Ambien, Lidoderm patch, Ultram, tramadol, tizanidine, Neurontin. The injured worker has been on lorazepam at least since 3-23-11 per 9-16-11 report. Diagnoses included lumbar sprain, strain; history of lumbar radiculitis; lumbar facet syndrome; chronic lumbar myofascial pain; bilateral trochanteric bursitis. Treatments to date include medications; psychiatric evaluation with medications prescribed but without sufficient relief of symptoms per 7-14-15 note; epidural steroid injections; facet injections; brace and corset. In the progress note dated 7-14-15 the treating provider's plan of care included a request for increase lorazepam to 2 mf #90 as needed for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam tab 2mg #90 Rx date: 07/17/15: 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 11-18-09. The medical records provided indicate the diagnosis of lumbar sprain, strain; history of lumbar radiculitis; lumbar facet syndrome; chronic lumbar myofascial pain; bilateral trochanteric bursitis. Treatments have included Wellbutrin, Ativan, Ambien, Lidoderm patch, Ultram, tramadol, tizanidine, Neurontin.; psychiatric evaluation ; epidural steroid injections; facet injections; brace and corset. The medical records provided for review does not indicate a medical necessity for Lorazepam tab 2mg #90 Rx date: 07/17/15. Lorazepam is a benzodiazepine sedative hypnotic. The MTUS does not recommend the use of the benzodiazepines for longer than 4 weeks due to the risk of dependence and unproven efficacy.