MAXIMUS Federal Services

Case Number:	CM15-0180267		
Date Assigned:	09/22/2015	Date of Injury:	12/02/2005
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/14/2015

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 female who sustained an industrial injury December 2, 2005. Past history included cervical fusion C4-C7. According to a treating physician's office visit notes dated August 6, 2015, the injured worker presented for a follow-up visit and medication refill. She complains of lower back pain, describes as sharp and stabbing, with residual pain traveling down the length of the lower extremities, associated with numbness and tingling of the feet. She rated her pain 4-5 out of 10 with medication and 8-9 out of 10 without medication. Current medication included Fentanyl patch, Topamax, Protonix, Gabapentin, Ambien, Fetzima, Lorazepam, Celebrex, and Promethegan. The physician documented the injured workers pain interferes with her ability to engage in social, romantic or recreational activities, which in turn results in increased isolation, anxiety and depressed mood. Physical examination revealed; cervical-difficulties with range of motion of the cervical spine due to pain, more when turning the head to the right, paraspinal and facet tenderness at C5-T1, trigger point tenderness with muscle twitch, tight muscle band, and pain radiating past the area of compression; lumbar spine restricted range of motion due to pain, tenderness on palpation of the paraspinal and facets L4-S1, relief when bending forward from a seated position, positive straight leg raise, more pronounced on the right. Diagnoses are post-laminectomy syndrome, cervical region; depression and anxiety; chronic pain syndrome; cervical, thoracic, and lumbar radiculopathy. Treatment plan included pending authorization for acupuncture, follow-up with gastroenterologist for post-operative assessment (status post cholecystectomy and appendectomy with nausea and vomiting), and at issue, a request for authorization for Lorazepam. A urine toxicology report

dated July 9, 2015, is inconsistent and present in the medical record. According to utilization review dated August 20, 2015, the request for Lorazepam 1mg #60 30 Day Supply ½-1 Tablet as needed (2 refills remain) Quantity: 60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg, 1/2-1 tablet as needed, #60 (30 day supply) 2 refills remain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Benzodiazepines; Opioids for Chronic Pain; ODG, Mental Illness & Stress - Sedative hypnotics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant had anxiety and was on Alprazolam for a few months. Long-term use is not recommended. There was no mention of behavioral or SSRI intervention. The continued and chronic use of Lorazepam with 2 refills exceeds the guidelines amount and is not medically necessary.