

Case Number:	CM15-0190397		
Date Assigned:	10/02/2015	Date of Injury:	08/04/2004
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old male who sustained an industrial injury on 08-04-2004. Treatment to date has included spine and shoulder surgery, spinal cord stimulator, injection to the left shoulder, radiofrequency neurotomy, psychotherapy and medications. According to a progress report dated 08-18-2015, the injured worker had widespread chronic pain including back pain due to lumbar stenosis. He reported that there had been some increase in back stiffness. He reported return of "electric shock" pain in his legs and feet. There had been additional stress due to issues in his family, which had led to less sleep. OxyContin and Oxycodone IR had allowed increased activities of daily living. Requip was effective in relieving restless legs syndrome. The provider noted that there was a signed pain management agreement and that urine drug screens and CURES reports had been appropriate. Current pain was rated 7 on a scale of 1-10. Usual pain was rated 6-7. He reported sleeping 6 hours with 2-3 awakenings. He had trouble falling asleep and woke up in pain. He had "unspecified" side effects from his medications. On the PHQ-9 symptoms checklist, he scored 25 out of 30 suggesting severe depression and or anxiety. Assessment included low back pain, lumbar foraminal stenosis, lumbar degenerative disc disease, status post laminectomy syndrome, reactive depression, recent right shoulder arthroscopic surgery for removal of a broken screw, status post left rotator cuff surgery with re-tear (also with fraying of the biceps tendon), status post spinal cord stimulator placement in 2009 and bilateral L4-L5 spinal canal stenosis. Prescriptions included Oxycodone IR, OxyContin, Requip, Lidoderm 5% and Dexedrine. He was to continue his "other medications". An authorization request dated 08-18-2015 was submitted for review. The

requested services include OxyContin, Oxy IR, Requip, Lidoderm 5%, Lorazepam and Dexedrine ER. On 09-02-2015, Utilization Review found the request for Lorazepam 1 mg #30 not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury in August 2004 and is being treated for injuries sustained while working as a meat cutter. He had right shoulder surgery in August 2014. Lumbar radiofrequency ablation was done in December 2014. When seen, medications were very effective. He was participating in physical therapy for the shoulder. Requip was being prescribed for restless legs syndrome with improved sleep and walking tolerance. Physical examination findings included improved right shoulder range of motion. There was moderate lumbar tenderness. There was decreased lower extremity sensation and decreased lower extremity strength. Authorization for Lorazepam is being requested. Lorazepam is a benzodiazepine, which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly, within 3 to 14 days. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. In this case, there is no indication identified for prescribing this medication. The request is not medically necessary.