

Case Number:	CM15-0195966		
Date Assigned:	10/09/2015	Date of Injury:	02/20/1997
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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
Certification(s)/Specialty: Emergency 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 58 year old male, who sustained an industrial injury on 2-20-1997. The injured worker is being treated for failed back syndrome and lumbar radiculopathy. Treatment to date has included surgical intervention (cervical and lumbar fusion, undated), medications, and exercises including Pilates. Per the Primary Treating Physician's Progress Report dated 9-10-2015, the injured worker (IW) reported lower back pain, left leg pain and bilateral hip pain. He has difficulty with ADLs including bathing and standing in shower. Objective findings included axial tenderness of the lumbar spine and stiffness with range of motion. There was scar tissue tenderness. The IW has been prescribed Lorazepam since at least 5-21-2015. The notes from the provider do not document efficacy of the prescribed medications Work status was retired. The plan of care included medication management. Authorization was requested on 9-14-2015 for Suboxone 8mg #270, Intermezzo 3.5mg #360, Clonazepam 1mg #360, Tizanidine 4mg #720, and Lorazepam 2mg #360. On 9-18-2015, Utilization Review modified the request for Lorazepam 2mg #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg, #360: Upheld

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

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

Decision rationale: Lorazepam is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. There is no documentation why lorazepam was prescribed. As per MTUS guidelines, benzos are not recommended due to risk of dependence and risk of tolerance. This a retrospective request for 3 months of medications. The number of requested tablets each month is not appropriate. 120 tablets a month means that patient is taking up to 4 tablets of lorazepam a day which is an excessive and dangerous amount. Patient is also noted to be on another benzodiazepine as well. Lorazepam was and is not medically necessary.