MAXIMUS Federal Services

Case Number:	CM15-0198588		
Date Assigned:	10/14/2015	Date of Injury:	09/13/2011
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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 57 year old female, who sustained an industrial injury on 9-13-2011. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff tendinosis of the bilateral shoulders, 3mm herniated nucleus pulposus (HNP) of the lumbar spine, 4mm herniated nucleus pulposus (HNP) of the cervical spine, status post right knee arthroscopy and meniscectomy times two, and status post left knee arthroscopy and meniscectomy 7-31-2014. On 9-3-2015, the injured worker reported lower back pain with pain radiating into the bilateral lower extremities down to her feet, rating her pain a 6 on a scale of 1 to 10, and right knee pain and stiffness rated a 4-5 out of 10. The Primary Treating Physician's report dated 9-3-2015, noted the injured worker was taking three to four Norco per day for pain, two Celebrex per day for inflammation as needed, and occasionally takes Lorazepam once per day for anxiety, denying any side effects from her medications. The injured worker was noted to report functional improvement and improvement in pain with her current medication regimen, rating her pain a 4-5 with the use of her medications and 8-9 without her medications, on a scale of 1 to 10. The injured worker reported improvement with her activities of daily living (ADLs) as well as an increased ability to continue working as a result of her current medication usage. The physical examination was noted to show tenderness over the medial joint line and anterior aspect of the right knee and tenderness over the lumbosacral region in the midline and over the bilateral lumbar paraspinal muscles, with muscle spasms. The treatment plan was noted to include prescriptions for Norco, Celebrex, and Lorazepam, prescribed since at least 3-30-2015, and TENS unit supplies authorized. The 6-24-2015, Agreed Medical Examination report noted the injured worker under a moderate amount of emotional distress with some anxiety that interfered with her ability to concentrate or think a lot or most of the time. The request for authorization dated 9-3-2015,

requested Lorazepam 1 mg with no refills Qty 20. The Utilization Review (UR) dated 9-21-2015, modified the request for Lorazepam 1 mg with no refills Qty 20 to approve Lorazepam 1 mg #5 only for one-month supply with no refills Qty 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 MG with No Refills Qty 20: 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: The claimant sustained a work injury in September 2011 when she was struck by a steel catering cart. She underwent bilateral knee arthroscopic surgeries. She is being treated for chronic pain. When seen, she was having radiating low back pain and right knee pain and stiffness. Pain was rated at 4-6/10. Physical examination findings included right knee joint line tenderness with decreased range of motion. There was lumbar tenderness with muscle spasms with decreased and painful range of motion. Straight leg raising was negative. Medications were prescribed including Norco and Lorazepam was being prescribed for anxiety. Ativan (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. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids and mixed overdoses are often a cause of fatalities. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Recent research also suggests that the use of benzodiazepines to treat anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.