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| Case Number: | CM15-0027214 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 01/21/2012 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 02/13/2015 |

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: Pennsylvania

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:

This 67 year old female sustained a work related injury on 01/21/2012. According to a progress report dated 01/12/2015, lumbar pain was starting to slowly improve. Household duties such as cleaning and laundry exacerbated signs and symptoms. Over the holidays her Butrans patch was not authorized and she began to have withdrawal symptoms of anxiety, shortness of breath and feeling like bugs were crawling on her legs. She saw her primary care physician who placed her on Trazodone and Clonidine. Diagnoses included thoracic/lumbosacral neuritis unspecified, spinal stenosis lumbar with neurogenic claudication, acquired spondylolisthesis, cervical spondylosis, lumbosacral spondylosis, brachial neuritis unspecified and displacement cervical intervertebral disc. The injured worker took herself off of Norco and Butrans as insurance denied the medication, therefore, causing side effects. Lorazepam was added to the medication regimen for anxiety/muscle spasm. The physical exam did not indicate the presence of muscle spasms. On 02/09/2015, Utilization Review non-certified Lorazepam 0.5mg #120. According to the Utilization Review physician, the medication is a sedating muscle relaxant apparently being utilized for long term treatment and the documentation did not identify acute pain or an acute exacerbation of chronic pain. CA MUTS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine. It appears Lorazepam was being prescribed long term and not short term for an acute exacerbation of muscle spasm or anxiety. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Long-term use may actually increase anxiety. A more appropriate choice for anxiety is an anti-depressant. Tolerance to muscle spasm effects occurs within weeks and is not beneficial long term for muscle spasm. Furthermore, muscle spasm was not noted in the physical exam. Lorazepam is not medically necessary in this case.