

Case Number:	CM15-0029372		
Date Assigned:	02/23/2015	Date of Injury:	12/31/2007
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/18/2015

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: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 12/31/2007. He has reported subsequent back and right knee pain and was diagnosed with lumbar strain with multiple herniated nuclei propulsi and status post right knee arthroscopic surgeries x 2 with residual degenerative joint disease and insomnia. Treatment to date for pain has included oral pain medication, therapy and surgery. The injured worker was noted to be taking Lorazepam since at least 04/04/2014, but there was no documentation as to why this medication had been prescribed. In a progress note dated 11/21/2014, the injured worker complained of constant low back and right knee pain and sleeping problems. There was no documentation of the injured worker's mental health status or any psychological or psychiatric examinations. A request for authorization of Lorazepam refill was made. On 01/14/2015, Utilization Review non-certified a request for Lorazepam, noting that guidelines do not recommend long term benzodiazepine use and that there no rationale for requesting the medication. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lorazepam 0.5mg #30 DOS: 12/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26, Page 24.

Decision rationale: Lorazepam is a benzodiazepine. The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. There was no documentation of the injured worker's mental health status or any psychological or psychiatric examinations. Retrospective Lorazepam 0.5mg #30 is not medically necessary.