

Case Number:	CM15-0220026		
Date Assigned:	11/13/2015	Date of Injury:	11/07/2006
Decision Date:	12/24/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 11-7-2006. According to physician documentation, the injured worker was diagnosed with thoracic lumbar pain, arthroplasty of the knee joint, lumbar radiculopathy, sacral radiculopathy, and neck pain. Subjective findings dated 5-29-2015, were notable for radiating back pain to buttocks, legs and feet with tingling, dull, shooting, stabbing and burning pain. Worker states pain is aggravated with movement and at worst is 5 out of 10 and moderate 5-7 out of 10 which interferes with sleep and work. Objective findings dated 9-28-2015, were notable for severe orthopedic ambulation with the use of right knee brace and cane, with left neck spasm on palpation, cervical spine tenderness with decreased range of motion 40 degrees on the right and 45 degrees on the left, back tenderness with decreased range of motion and left paraspinal spasm with his spine being very painful T10 (thoracic) - coccyx including facets. An MRI of the lumbar spine was performed on 7-29-2015, which revealed a disc desiccation with central disc bulging at L4-L5 (lumbar) and spinal stenosis at L1-L2. Treatments to date have included Cymbalta 30mg, Gabapentin 800mg, Ibuprofen 800mg, Lorazepam 2mg (since at least 4-8-2015), Oxycodone 15mg and Tramadol 50mg. The Utilization Review determination dated 10-7-2015 did not certify treatment/service requested for Lorazepam 2mg #50 (modified from the requested 60 for the purpose of tapering to cessation by decreasing dose by approximately 10% every 1-2 weeks to achieve weaning).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there is record of having taken lorazepam chronically leading up to this request for renewal. The worker was prescribed it for insomnia and uses it regularly. However, this is not an appropriate sleep aid for chronic use as the Guidelines state. Therefore, this request is not medically necessary. Weaning, however, is recommended.