MAXIMUS Federal Services

Case Number:	CM15-0030856		
Date Assigned:	02/24/2015	Date of Injury:	05/15/1996
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 05/15/1996. He has reported low back pain. The diagnoses have included lumbalgia; lumbar disc displacement; bilateral carpal tunnel syndrome; bilateral shoulder rotator cuff tears; bilateral intra-articular injury, status post total knee replacement; and spinal cord stimulator placement. Treatment to date has included medications, lumbar brace, trigger point injections, TENS (transcutaneous electrical nerve stimulation) unit, chiropractic sessions, physical therapy, and surgical interventions. Medications have included Celebrex, Percocet, Lidoderm Patch, Lorazepam, and Omeprazole. An evaluation with a treating provider, dated 01/22/2015, documented the injured worker to report back pain and stiffness in the lumbar area, upper back, lower back, right leg, and left leg; cervical spine pain; aching leg pain with stiffness, swelling, tenderness, and spasms; and left ankle weakness. The treating physician noted the injured worker to have lumbosacral tenderness and pain to palpation and spasms; decreased left leg strength; and increased pain over the left sacroiliac joint and hip. The treatment plan includes the request for prescription medications. On 02/09/2015 Utilization Review modified 1 prescription of Lorazepam 1 mg #60 with 3 Refills Between 1/22/2015 and 6/2/2015, to Lorazepam 1 mg #54. The CA MTUS and the ODG were cited. On 02/19/2015, the injured worker submitted an application for IMR for review of 1 prescription of Lorazepam 1 mg #60 with 3 Refills Between 1/22/2015 and 6/2/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lorazepam 1mg #60 with 3 Refills Between 1/22/2015 and 6/2/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Weaning of Medications.

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

Decision rationale: According to the 01/22/2015 report, this patient presents with aching, burning, stabbing, throbbing and shooting back and low back pain that is a 9/10 in the pain scale. The current request is for 1 Prescription of Lorazepam 1mg #60 with 3 Refills Between 1/22/2015 and 6/2/2015. The request for authorization is not included in the file for review. The patient's disability status is "Permanent & Stationary." Regarding Benzodiazepines, the MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication. Review of the provided reports show the patient has been prescribed Lorazepam since 04/28/2014 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.