

Case Number:	CM15-0037706		
Date Assigned:	03/06/2015	Date of Injury:	07/26/2012
Decision Date:	04/13/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old female who sustained an industrial injury to her back while working in a warehouse on July 26, 2012. The injured worker is status post a right L4-L5 microdiscectomy in December 2012 and bilateral T9-T10 and T10-T11 laminectomies/decompression on September 13, 2013. The patient has a history of diabetes mellitus on insulin. The injured worker was diagnosed with thoracic degenerative disc disease, scoliosis and depressive disorder due to chronic pain. The injured worker was seen for a psychiatric evaluation in August 2014. Current medications consist of Norco and Tramadol. There was no documentation of current medication for mental health issues. On February 10, 2015 the Utilization Review denied certification for Lorazepam (unspecified dosage and quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam (unspecified dosage and quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24.

Decision rationale: Per the guidelines, benzodiazepenes 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 anxiolytic effects occurs within months and long-term use may actually increase anxiety. The medical records document a diagnosis of depressive disorder and chronic pain along with psychosocial stressors. There is no rationale or diagnosis documented specifically for the lorazepam in question here. There is also no documentation of goals or efficacy with regards to pain or functional status or a discussion of side effects to justify use. In this injured worker, the medical necessity of lorazepam is not substantiated in the records.