

Case Number:	CM15-0038058		
Date Assigned:	03/06/2015	Date of Injury:	01/02/1995
Decision Date:	04/16/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/27/2015

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, Pain Management

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 female who sustained an industrial injury on 1/2/95 involving her neck. She currently complains of cervical pain with pain intensity of 8 /10. She is experiencing back stiffness, numbness and tingling, radicular pain, weakness and stiffness in the right and left arm. Medications include Exalgo, Cymbalta, Soma, Norco, Ketoprofen/ ketamine/ cyclobenzaprine/ lidocaine, lorazepam. She gets substantial pain relief with medications. Her urine drug screen from 11/14/14/ was within normal limits. Diagnoses include chronic neck pain; muscle spasms paracervical & trapezius muscles; intermittent burning pain left shoulder; status post multiple cervical surgeries; depression. Treatments to date include medication management. In the progress notes dated 1/13/15 and 2/11/15 the treating provider requested refill on lorazepam. He indicates that since some of her medications have been denied she has increased pain and decreased function. She previously has a 90% improvement when she was on her medications and since many were denied she is now essentially not functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Lorazepam 0.5mg #60: Upheld

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

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

Decision rationale: Regarding the request for lorazepam, the Chronic Pain Medical Treatment Guidelines state the 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." Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, it appears that this is the initial request for a benzodiazepine to address spasm. The patient has ongoing treatment with lorazepam since 2/2014. However, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested lorazepam is not medically necessary. Therefore, this request is not medically necessary.