

Case Number:	CM15-0049587		
Date Assigned:	03/23/2015	Date of Injury:	03/30/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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: Massachusetts

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 48 year old male, who sustained an industrial injury on 03/30/2012. The injured worker is currently diagnosed as having incomplete spinal cord injury, traumatic brain injury, spasticity, and neurogenic bowel and bladder. Treatment to date has included home exercise program and medications. In a progress note dated 02/04/2015, the injured worker presented with complaints of neck and back pain. The treating physician reported spasticity present in extremities and prescribed Norco and increasing his Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for spasticity after an incomplete spinal cord injury and brain injury.

Medications include baclofen. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. There are other medications available for the treatment of spasticity due to the claimant's conditions. Therefore the ongoing prescribing of lorazepam is not medically necessary.