

Case Number:	CM15-0051206		
Date Assigned:	03/24/2015	Date of Injury:	05/07/2012
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/18/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 49 year old male, who sustained an industrial injury on May 7, 2012. The injured worker was diagnosed as having left ulnar nerve, median nerve, lateral cutaneous nerve and biceps repair, provisional repair left brachioradialis muscle and biceps tendon, left brachial artery vein graft revision, left biceps tendon rupture and insomnia. Treatment and diagnostic studies to date have included surgery, medication and home exercise. A progress note dated January 7, 2015 provides the injured worker complains of left arm pain and sleep disturbance due to pain. Physical exam notes surgical scar, decreased range of motion (ROM) and muscle atrophy. The plan includes medication, functional restoration program and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 27-8, 49, 51-52. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Per review of the submitted documentation, the injured worker has been using this medication for an extended period of time. As lorazepam is not indicated for long-term use, this request is not medically necessary.

Functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration program Page(s): 25, 30 - 34.

Decision rationale: The California MTUS guidelines indicates that the criteria for a functional restoration program includes documentation that other methods of treating chronic pain have been unsuccessful. The progress note dated December 11, 2014 indicates that the injured employee is continuing to improve both clinically and with nerve conduction testing. There was stated to be improvement in range of motion and strength. Considering the injured employs progress there is no indication for participation in a functional restoration program at this time. This request for a functional restoration program is not medically necessary.