

Case Number:	CM15-0086480		
Date Assigned:	05/08/2015	Date of Injury:	07/29/1997
Decision Date:	06/10/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 67 year old male, who sustained an industrial injury on 7/29/1997. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include closed fracture of the skull, post-concussion syndrome, depressive disorder, and psychological factors associated with diseases. Currently, he complained of increased anxiety and depression due to inability to obtain mediations for two weeks. On 3/27/15, the physical examination documented marked psychomotor retardation secondary to traumatic head injury. The plan of care included Lorazepam 2mg tablets, quantity #120 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2mg, #120 with 2 refills: 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: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, lorazepam was used to help reduce the anxiety and agitation related to the post-injury effects. However, to use this much psychiatric medication without the primary treating physician being a psychiatrist seems inappropriate and ongoing use of a benzodiazepine without at least a consultation from a specialist, which was not found in the documentation provided, is not recommended. Therefore, the request for lorazepam will be considered medically unnecessary. Weaning may be indicated, and referral to a psychiatrist is recommended.