MAXIMUS Federal Services

Case Number:	CM15-0087586		
Date Assigned:	05/11/2015	Date of Injury:	01/25/2007
Decision Date:	06/15/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/07/2015

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: Indiana
Certification(s)/Specialty: Preventive Medicine, Occupational 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 35-year-old female, who sustained an industrial injury on 01/25/2007. She reported pain in her left shoulder that radiated into her chest area. Treatment to date has included anti-inflammatories, muscle relaxers, physical therapy, MRI of the left shoulder, narcotic pain medication, benzodiazepines, steroid injection, interferential current stimulation and surgery. According to a progress report dated 01/16/2015, the injured worker complained of neck pain and pain in the bilateral shoulders. Pain was rated 9 on a scale of 1-10. Neck pain radiated to her head and shoulders. Overall pain had worsened since the last visit. Shoulder pain radiated to her fingers. Medication regimen included Topiramate, Lorazepam, Pristiq ER, Oxycodone and Fentanyl patches. Physical examination of the cervical spine demonstrated tenderness to palpation over the paracervical muscles, straightening of the normal lordotic curvature and trigger point myospasms. The left and right shoulder was positive for trigger points and tenderness to palpation. Examination of the thoracolumbar spine demonstrated tenderness to palpation over the paralumbar muscles, trigger point myospasm and sacroiliac joint tender to palpation. The provider noted that the injured worker had not improved in her symptoms and stated a worsening spasm, pain and sleep disturbance. Diagnoses included left shoulder rotator cuff tear/repair/osteoarthritis, cervical radiculopathy and herniated nucleus pulposus, lumbar degenerative disc disease/radiculopathy and anxiety. According to a progress report dated 02/13/2015, physical examination findings were unchanged. The injured reported that oral pain management alleviated approximately 30 percent of her pain. She was currently awaiting authorization to undergo an anterior cervical disc fusion that was recommended by the

neurosurgeon. The requested psychological evaluation had been denied. As of 03/13/2015, the injured worker's medications regimen included Norco, Flexeril, Morphine ER, Topiramate, Pristiq ER and Lorazepam. Neck pain was rated 6 on a scale of 1-10 and bilateral shoulder pain was rated 5. Physical examination was unchanged from the previous exam. Urine toxicology screen was noted to be consistent with prescribed medications. Currently under review is the request for Lorazepam 1 mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg QTY: 30.00: 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 Page(s): 24.

Decision rationale: Lorazepam is a benzodiazepine. MTUS states, "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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Records indicate that the patient has been on this medication far in excess of the 4-week limit. The treating physician does not indicate any extenuating circumstances for way this patient should continue to be on it. The request Lorazepam 1 mg #30 is in excess of the guidelines. As such, the request is not medically necessary.