

Case Number:	CM15-0089257		
Date Assigned:	05/13/2015	Date of Injury:	05/15/1996
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal 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 56 year old male, who sustained an industrial injury on 5/15/1996. Diagnoses have included lumbalgia, right knee contusion, bilateral carpal tunnel syndrome with release, bilateral shoulder rotator cuff tears status post surgery, thoracic spine compression fracture and failed total knee replacement. Treatment to date has included surgery, injections, spinal cord stimulator and medication. According to the progress report dated 4/1/2015, the injured worker complained of back stiffness and pain. He rated the severity of pain as 8-9/10. Back pain was located in the lumbar area, upper back, lower back and both legs. He also complained of cervical pain rated 4/10. He complained of bilateral knee pain rated 8/10. He also reported left leg pain and swelling. The injured worker obtained trochanteric bursal injections bilaterally at the visit. The injured worker was noted to appear pleasant and in no apparent distress. He had difficulty getting on and off the exam table. Authorization was requested for Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) indicate that 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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines indicate that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The risks associated with hypnotics outweigh any benefits of hypnotics. Benzodiazepines are not recommended as first-line medications by ODG. The primary treating physician's progress report dated 12/23/14 documented that active medications included Lorazepam (Ativan) and Clonazepam. The primary treating physician's progress report dated 5/4/15 documented that active medications included Lorazepam (Ativan) and Clonazepam. Medical records document the long-term use of benzodiazepines. MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore, the request for Lorazepam #60 with 3 refills is not supported. Therefore, the request for Lorazepam #60 with 3 refills is not medically necessary.