

Case Number:	CM15-0237563		
Date Assigned:	12/14/2015	Date of Injury:	10/27/2001
Decision Date:	01/25/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/04/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 65 year old female who reported an industrial injury on 10-27-2001. Her diagnoses, and or impressions, were noted to include: obesity; chronic pain - lumbar, thoracic, shoulder; severe osteoarthritis of the right hip with deformity; depressive disorder and depressive psychosis; anxiety; neurogenic bladder; psychological factors affecting general medical condition; status-post multiple strokes - stable; drug abuse; and chronic constipation. X-rays of the lumbar spine were said to have been done on 6-22-2015, noting scoliosis, diffuse spondylosis with degenerative disc disease; no other current imaging studies were noted. Her treatments were noted to include: an agreed medical evaluation; orthopedic consultation; psychological evaluation and treatment; medication management with toxicology studies (inconsistent on 3-6-15); and rest from work due to crippling pain. The progress notes of 10-16-2015 reported: low back pain that radiated down the bilateral lower extremities, with numbness and frequent muscle weakness, that was aggravated by activities; that her pain was rated 6 out of 10 with medications and 9 out of 10 without; medication-related gastrointestinal upset with occasional nausea and moderate constipation; and that her pain interferes with and limits her activities of daily living and ability to work, but that her medications help reduce her pain intensity and improve her ability to function. The objective findings were noted to include: moderate distress; an antalgic gait with use of a walking stick; cervical vertebral tenderness with moderate-severely limited range-of-motion due to pain, and with decreased sensation in the bilateral upper extremities, cervical 5-7 dermatomes; tenderness in the lumbosacral para-vertebral levels with moderately limited range-of-motion due to pain, increased pain with flexion and extension, decreased

sensitivity in the right lower extremity, and decreased motor strength in the bilateral lumbar 4-sacral 1 dermatomes. The physician's requests for treatment were not noted to include Lorazepam. The Utilization Review of 11-12-2015 non-certified the request for Lorazepam 0.5 mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam tablet 0.5mg, QTY: 60.00, with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Lorazepam 0.5 mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for a three month supply of the medication, i.e. Lorazepam tablet 0.5mg, QTY: 60.00, with two refills is excessive and not medically necessary.