

Case Number:	CM15-0242052		
Date Assigned:	12/21/2015	Date of Injury:	06/11/2012
Decision Date:	01/29/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/11/2015

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:

The injured worker is a 53 year old female, who sustained an industrial injury on 6-11-12. Medical records indicate that the injured worker is undergoing treatment for cervical pain, cervical radiculopathy, cervical disc disorder and cervicobrachial syndrome. The injured workers condition was noted to be permanent and stationary. The injured workers current work status was not identified. On (11-18-15) the injured worker complained of neck, bilateral shoulder and bilateral arm pain. The pain was rated 5 out of 10 with medications and 8 out of 10 without medications on the visual analog scale. The current medications allow the injured worker improved function and mood. The injured worker also noted her relationships are better as a result of the pain control and she is less irritable and emotionally labile and socially reports improvement in this area. Treatment and evaluation to date has included medications, psychological evaluation, non-steroidal anti-inflammatory drugs, a transcutaneous electrical nerve stimulation unit and physical therapy. Current medications include Imitrex, pantoprazole, Voltaren gel, Zofran, Tramadol-acetaminophen, Carisoprodol, Gabapentin, Pamelor, Concentra, Lexapro and Lorazepam (unclear duration). The Request for Authorization dated 11-24-15 included a request for Lorazepam 0.5mg #15. The Utilization Review documentation dated 12-9-15 modified the request to Lorazepam 0.5 mg #8 (original request #15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg sig: 1 tab qd prn qty 15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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 0.5mg daily as needed on an ongoing basis. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for lorazepam 0.5 1 tab qd prn qty 15 is medically necessary for the purpose of safe taper so that the medication can be safely discontinued.