

Case Number:	CM14-0141257		
Date Assigned:	09/10/2014	Date of Injury:	06/12/2001
Decision Date:	11/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male with a date of injury on 6/12/2001. As per the report of 6/30/14, he complained of chronic neck pain, bilateral arm pain, and headaches. The pain was rated at a 9/10. The mood and functional level was rated at 8/10. He complained of poor sleep due to pain. On 7/31/14, he complained of difficulties with sleep and felt sleepy during the day. Trazodone and Provigil (3 months) were denied. He got little relief with Nucynta extended release 200 mg. He was suggested to consider narcotic withdrawal and he was receptive. On exam, he was alert and oriented x4. His speech was spontaneous and goal oriented. His mood was more depressed and the affect was intense. The cervical spine magnetic resonance imaging dated 4/16/14 revealed postsurgical changes consistent with anterior cervical spine fusion from the C5-7 levels and degenerative changes at the C4-5 level. There was mild-to-moderate central canal narrowing, moderate right and moderate to severe left neural foraminal narrowing. The lumbar spine magnetic resonance imaging dated 4/15/14 revealed mild lumbar spondylitic changes and multilevel disc degenerative changes. The current medications include Cymbalta, Ativan, Celebrex, Colace, Gralise, Nucynta extended release, Nuvigil, Prevacid, Ultram, Cambia, Trazodone, and Fentora. Past treatments have included multiple sessions of psychotherapy from 3/13/14 to 8/7/14. Diagnoses include depression, anxiety, and poor sleep due to chronic pain, spasm of muscle, unspecified myalgia and myositis, brachial neuritis/radiculitis, cervicgia, degenerative cervical intervertebral disc, cervicocranial syndrome, displacement of cervical disc without myelopathy and post laminectomy syndrome in cervical region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #90 x 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the guidelines, 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 this use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. In this case, there is no documentation of any significant benefit with its prior use. Per guidelines, long-term use of benzodiazepines is not recommended. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines.