

Case Number:	CM14-0163852		
Date Assigned:	10/08/2014	Date of Injury:	04/22/2002
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Emergency Medicine 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 58 year-old male, who sustained an injury on April 22, 2002. The mechanism of injury is not noted. Diagnostics have included: June 2012 lumbar x-rays reported as showing facet arthrosis, L3-5 retrolisthesis, and L3 endplate compression. Treatments have included: lumbar laminectomy 2009 with 2010 lumbar abscess drainage, medications. The current diagnoses are: s/p lumbar laminectomy 2009 with 2010 lumbar abscess drainage, lumbar post-laminectomy syndrome, and lumbar disc disease. The stated purpose of the request for Lorazepam 1 mg #90 was not noted. The request for Lorazepam 1 mg #90 was denied on September 30, 2014, not noting the rationale. Per the report dated September 17, 2014, the treating physician noted complaints of lumbar pain. Exam findings included lumbar spasm, tenderness and restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, Benzodiazepines, Muscle Relaxant, NSAIDS, Opi. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drugs.com

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

Decision rationale: The requested Lorazepam 1 mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has lumbar pain. The treating physician has documented lumbar spasm, tenderness and restricted range of motion. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, duration of treatment, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Lorazepam 1 mg #90 is not medically necessary.